

PROVIDER NO. 14-0162 ST. JOSEPH MEDICAL CENTER  
PERIOD FROM 10/01/2008 TO 09/30/2009

KPMG LLP COMPU-MAX MICRO SYSTEM  
IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2009.08  
02/23/2010 15:28

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT  
CERTIFICATION AND SETTLEMENT SUMMARY

WORKSHEET S  
PARTS I & II

INTERMEDIARY [ ] AUDITED  
USE ONLY: [ ] DESK REVIEWED

DATE RECEIVED [ XX ] INITIAL [ ] RE-OPENING  
INTERMEDIARY NO. [ ] FINAL [ ] MCR CODE

PART I - CERTIFICATION

CHECK  
APPLICABLE BOX

XX ELECTRONICALLY FILED COST REPORT  
MANUALLY SUBMITTED COST REPORT

DATE: 02/23/2010  
TIME: 15:28

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY ST. JOSEPH MEDICAL CENTER (14-0162) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 10/01/2008 AND ENDING 09/30/2009, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

ECR Encryption: 02/23/2010 15:28  
gakzi.VE0uz.O:q2wP0Tzu21XwXME0  
2H2CP06yfWNjvMADVW7xzwt9ZD1uF  
O2Q01Qsizzd0SuORP

(SIGNED)

OFFICER OR ADMINISTRATOR OF PROVIDER(S)

Chief Financial Officer

TITLE

DATE

PI Encryption: 02/23/2010 15:28  
ixS60GcDWgL2jftGBp2cmtnm74gPT0  
X32kJ0dZEugF:nM4.QRP2h0wZtUbzh  
o8vV91WHZW0N7JIZ

PART II - SETTLEMENT SUMMARY

TITLE V	TITLE XVIII	TITLE XIX
	PART A	PART B
1 HOSPITAL	2	3
2 SUBPROVIDER I	-34339	3057
3 SWING BED - SNF		
4 SWING BED - NF		
5 SKILLED NURSING FACILITY		
6 NURSING FACILITY		
7 HOME HEALTH AGENCY		
8 OUTPATIENT REHABILITATION PROVIDER		
9 HEALTH CLINIC		
100 TOTAL	-34339	3057

THE ABOVE AMOUNTS REPRESENT 'DUE TO' OR 'DUE FROM' THE APPLICABLE PROGRAM FOR THE ELEMENT OF THE ABOVE COMPLEX INDICATED.

ACCORDING TO THE PAPERWORK REDUCTION ACT OF 1995, NO PERSONS ARE REQUIRED TO RESPOND TO A COLLECTION OF INFORMATION UNLESS IT DISPLAYS A VALID OMB CONTROL NUMBER. THE VALID OMB CONTROL NUMBER FOR THIS INFORMATION COLLECTION IS 0938-0050. THE TIME REQUIRED TO COMPLETE THIS INFORMATION COLLECTION IS ESTIMATED 657 HOURS PER RESPONSE, INCLUDING THE TIME TO REVIEW INSTRUCTIONS, SEARCH EXISTING RESOURCES, GATHER THE DATA NEEDED, AND COMPLETE AND REVIEW THE INFORMATION COLLECTION. IF YOU HAVE ANY COMMENTS CONCERNING THE ACCURACY OF THE TIME ESTIMATE(S) OR SUGGESTIONS FOR IMPROVING THIS FORM, PLEASE WRITE TO: HEALTH CARE FINANCING ADMINISTRATION, 7500 SECURITY BOULEVARD, N2-14-26, BALTIMORE, MARYLAND 21244-1850, AND TO THE OFFICE OF THE INFORMATION AND REGULATORY AFFAIRS, OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, D.C. 20503.

\*\*\*\*\*  
 COMPU-MAX CMS-2552-96 EDIT REPORT  
 \*\*\*\*\*

I. OPTIONS SELECTED:  
 OPTION 16  
 OPTION 20, 6  
 OPTION 60, 5

COMPU-MAX - CMS-2552-96 - SETTLEMENT SUMMARY, VERSION 2009.08

	TITLE V	TITLE XVIII PART A	TITLE XVIII PART B	TITLE XIX	
	1	2	3	4	
1	HOSPITAL				1
2	SUBPROVIDER I	-34339	3057		2
3	SWING BED - SNF				3
4	SWING BED - NF				4
5	SKILLED NURSING FACILITY				5
6	NURSING FACILITY				6
7	HOME HEALTH AGENCY				7
8	O/P REHAB PROVIDER				8
9	HEALTH CLINIC				9
100	TOTAL	-34339	3057		100

II. REMARKS (from 'CR' data file)  
 \*\*\*\*\*

R WORKSHEET B-1 OFFSETS BEGIN HERE  
 R END OF WORKSHEET B-1 OFFSETS

\*\*\*\*\*  
 Explanation of error code types:

- 1000 - The '1000' level error codes (in the range from 1000-1999) are CMS-required Electronic Cost Report (ECR) edit messages. These will prohibit ECR file generation by Compu-Max for submission to your Medicare Fiscal Intermediary, and will be used by the FI as a basis of rejection should your file be received by the FI with such errors.
- 2000 - Errors in the range of 2000-2999 are CMS-required edits that identify potential inconsistencies and/or missing data items. These items should be resolved at the provider site and appropriate worksheets and/or data submitted with the cost report. Failure to submit the appropriate data with your cost report may result in payments being withheld pending resolution of the issue(s).
- \*\*\*\* - KPMG error messages check for additional possible errors not included with the CMS-required edits, and cannot be used as a basis for rejection of the ECR data file or the cost report.
- (\*) - Error messages marked with an asterisk (\*) at the end of the message indicate a logical problem with the cost report, and data must be corrected before a valid cost report can be generated.
- (I) - Messages preceded by (I) are informational and are not errors.

\*\*\*\*\*  
 III. 1000 LEVEL ERRORS  
 \*\*\*\*\*

IV. 2000 LEVEL ERRORS  
 \*\*\*\*\*

2027 - WKST C, PART I, LINE 59.10, COL 11 SHOULD NOT BE MORE THAN 100% OR LESS THAN .1%

V. KPMG LEVEL ERRORS  
 \*\*\*\*\*

(KPMG edits cannot be used as a basis of cost report or ECR file rejection.)

\*\*\*\* - IF WKST S-3, PART II, LINE 22.01, COL 3 IS GREATER THAN ZERO,  
 COL 5 SHOULD BE >= \$13 AND <= \$175  
 AVE HOURLY WAGE FOR CONTRACT A&G = \$243.76

VI. INFORMATIONAL MESSAGES  
 \*\*\*\*\*

- (I) - THE TOTAL CALCULATED FOR WORKSHEET A-8-1, PART B, COLUMN 6, HAS BEEN TRANSFERRED TO WORKSHEET A-8, LINE 14. THE TOTAL FOR WORKSHEET A-8 THAT YOU INPUT HAS BEEN DECREASED BY \$1,880,996
- (I) - THE TOTAL CALCULATED FOR WORKSHEET A-8-2, COLUMN 18, HAS BEEN TRANSFERRED TO WORKSHEET A-8, LINE 12. THE TOTAL FOR WORKSHEET A-8 THAT YOU INPUT HAS BEEN DECREASED BY \$923,049

- (I) - A PROTESTED AMOUNT HAS BEEN ENTERED ON WORKSHEET E, PART A, LINE 30  
FOR A PPS FACILITY (HOSPITAL )
- (I) - WORKSHEET E, PART A, LINE 2.01 IS GREATER THAN 500,000. PLEASE REVIEW  
AS ADDITIONAL RECONCILIATION MAY BE REQUIRED BASED ON CMS CR 2785.

ECR TO COMPU-MAX FILE CONVERSION UTILITY  
TRANSMITTAL #20 - CMS-2552-96

ELECTRONIC FILE NAME: C:\255296\CMTEMP\EC140162.09A

COMPU-MAX FILE NAME: C:\255296\CMTEMP\CRECTEMP

PROVIDER NUMBER: 14-0162

SOFTWARE VENDOR: Q01  
KPMG LLP - COMPU-MAX MICRO - DATE APPROVED: 06/28/07

CREATION DATE: 2/23/2010

CREATION TIME: 15:28

PROVIDER NAME: ST. JOSEPH MEDICAL CENTER

FISCAL YEAR BEGINNING: 10/01/2008

FISCAL YEAR ENDING: 09/30/2009

ECR FINGERPRINT:

REMARKS:



\*\*\*\*\*  
 ELECTRONIC REPORTING FILE VALIDATION AND EDIT REPORT  
 \*\*\*\*\*

CMS REQUIRED EDITS ARE APPLIED AT TWO LEVELS:

LEVEL I EDITS ARE THOSE WHICH TEST THE FORMAT OF THE DATA TO IDENTIFY  
 FOR CORRECTION THOSE ERROR CONDITIONS WHICH MAY RESULT IN A  
 COST REPORT REJECTION. INTERMEDIARIES MAY REJECT ALL ELECTRONIC  
 COST REPORTING FILES WHICH CONTAIN ONE OR MORE LEVEL I EDIT ERRORS.  
 LEVEL I EDITS ARE IDENTIFIED WITH NUMBERS BETWEEN 1000 AND 1999.  
 LEVEL II EDITS IDENTIFY POTENTIAL INCONSISTENCIES AND/OR MISSING DATA ITEMS.  
 THESE ITEMS SHOULD BE RESOLVED AT THE PROVIDER SITE AND APPROPRIATE  
 WORKSHEETS AND/OR DATA SUBMITTED WITH THE COST REPORT. FAILURE TO  
 SUBMIT THE APPROPRIATE DATA WITH YOUR COST REPORT MAY RESULT IN  
 PAYMENTS BEING WITHHELD PENDING RESOLUTION OF THE ISSUE(S).  
 LEVEL II EDITS ARE IDENTIFIED WITH NUMBERS BETWEEN 2000 AND 2999.

WORKSHEET A COST CENTER LIST: (THE ASTERISK INDICATES THAT THERE IS  
 NO DIRECT INPUT DATA ASSOCIATED WITH  
 THE COST CENTER)

CMS EDIT NO.			
1	OLD CAP REL COSTS-BLDG & FIXT	0100	**
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	**
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
13	MAINTENANCE OF PERSONNEL	1300	**
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	**
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
20	NONPHYSICIAN ANESTHETISTS	2000	**
21	NURSING SCHOOL	2100	**
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	**
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24	PARAMED ED PRGM-(SPECIFY)	2400	**
25	ADULTS & PEDIATRICS	2500	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
42	RADIOLOGY-THERAPEUTIC	4200	
43	RADIOISOTOPE	4300	
4310	ECHOCARDIOLOGY	3260	

\*\*\*\*\*  
 ELECTRONIC REPORTING FILE VALIDATION AND EDIT REPORT (CONTINUED)  
 \*\*\*\*\*

CMS  
 EDIT NO.

4320	ULTRASOUND	3630	
4330	MAMMOGRAPHY	3440	
4340	CAT SCAN	3230	
4350	MRI	3430	
44	LABORATORY	4400	
4630	BLOOD CLOTTING FACTORS ADMIN COSTS	4650	**
4710	LITHOTRIPSY	3950	**
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
5310	CARDIAC REHAB	3951	
5320	GRADED EXERCISE	3620	**
5330	CARDIAC CATH LAB	3120	
5340	HOLTER MONITOR	3370	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
59	ENDOSCOPY	3330	
5910	DIABETES SERVICES	3952	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
6350	RHC	6310	**
6360	FQHC	6320	**
6910	CMHC	6910	**
6920	OUTPATIENT PHYSICAL THERAPY	6920	**
6930	OUTPATIENT OCCUPATIONAL THERAPY	6930	**
6940	OUTPATIENT SPEECH PATHOLOGY	6940	**
71	HOME HEALTH AGENCY	7100	**
85 1	PANCREAS ACQUISITION	8510	**
85 2	INTESTINAL ACQUISITION	8520	**
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
98 2	HEMODIALYSIS	9809	**
98 9	CARDIAC REHAB NON ALLOWABLE	9808	
9810	DIAMOND STAR NURSING	9801	**
9830	FUND DEV, PLANNING, MKTING	9802	
9840	COMMUNITY CANCER CTR	9803	**
9850	MCLEAN CO EMS	9804	
9860	OCC MED PROGRAM	9805	
9870	CARDIAC SCREENING	9806	
9880	PALLIATIVE CARE	9807	
9890	NON-PATIENT DIETARY	9810	

PROVIDER NO. 14-0162 ST. JOSEPH MEDICAL CENTER  
PERIOD FROM 10/01/2008 TO 09/30/2009 RUN DATE: 02/23/2010

\*\*\*\*\*  
ELECTRONIC REPORTING FILE VALIDATION AND EDIT REPORT (CONTINUED)  
\*\*\*\*\*

CMS  
EDIT NO.

2100D TOTAL INPATIENT DAYS ON WKST D-1, LINE 1 FOR THE S.N.F.  
ARE GREATER THAN ZERO BUT THE ROUTINE SERVICE CHARGES ON LINE 28  
ARE NOT GREATER THAN ZERO. (TITLE XIX)

WORKSHEET E-1 - INTERIM PAYMENT SUMMARY

	PART A	PART B	TOTAL
1 HOSPITAL	18470330	4011010	22481340
2 SUBPROVIDER I			
3 SWING-BED SNF			
4 SKILLED NURSING FAC	440248		440248
5 HOME HEALTH AGENCY I			
6 CORF			
TOTAL	18910578	4011010	22921588

WORKSHEET S - SETTLEMENT SUMMARY

	TITLE V 1	TITLE XVIII PART A 2	TITLE XVIII PART B 3	TITLE XIX 4	
1	HOSPITAL	-34339		3057	1
2	SUBPROVIDER I				2
3	SWING BED - SNF				3
4	SWING BED - NF				4
5	SKILLED NURSING FACILITY				5
6	NURSING FACILITY				6
7	HOME HEALTH AGENCY				7
8	CORF				8
9	HEALTH CLINIC				9
100	TOTAL	-34339		3057	100

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT  
CERTIFICATION AND SETTLEMENT SUMMARY

WORKSHEET S  
PARTS I & II

INTERMEDIARY [ ] AUDITED  
USE ONLY: [ ] DESK REVIEWED

DATE RECEIVED \_\_\_\_\_ [ XX ] INITIAL [ ]  
INTERMEDIARY NO. \_\_\_\_\_ [ ] FINAL [ ]

RE-OPENING  
MCR CODE

PART I - CERTIFICATION

CHECK \_\_\_\_\_ ELECTRONICALLY FILED COST REPORT DATE: \_\_\_\_\_  
APPLICABLE BOX \_\_\_\_\_ MANUALLY SUBMITTED COST REPORT TIME: \_\_\_\_\_

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(SIGNED)

\_\_\_\_\_  
OFFICER OR ADMINISTRATOR OF PROVIDER(S)

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	TITLE XVIII	TITLE XIX
	PART A	PART B	
1 HOSPITAL	1	2	1
2 SUBPROVIDER I	-34339	3057	2
3 SWING BED - SNF			3
4 SWING BED - NF			4
5 SKILLED NURSING FACILITY			5
6 NURSING FACILITY			6
7 HOME HEALTH AGENCY			7
8 OUTPATIENT REHABILITATION PROVIDER			8
9 HEALTH CLINIC			9
100 TOTAL	-34339	3057	100

THE ABOVE AMOUNTS REPRESENT 'DUE TO' OR 'DUE FROM' THE APPLICABLE PROGRAM FOR THE ELEMENT OF THE ABOVE COMPLEX INDICATED.

ACCORDING TO THE PAPERWORK REDUCTION ACT OF 1995, NO PERSONS ARE REQUIRED TO RESPOND TO A COLLECTION OF INFORMATION UNLESS IT DISPLAYS A VALID OMB CONTROL NUMBER. THE VALID OMB CONTROL NUMBER FOR THIS INFORMATION COLLECTION IS 0938-0050. THE TIME REQUIRED TO COMPLETE THIS INFORMATION COLLECTION IS ESTIMATED 657 HOURS PER RESPONSE, INCLUDING THE TIME TO REVIEW INSTRUCTIONS, SEARCH EXISTING RESOURCES, GATHER THE DATA NEEDED, AND COMPLETE AND REVIEW THE INFORMATION COLLECTION. IF YOU HAVE ANY COMMENTS CONCERNING THE ACCURACY OF THE TIME ESTIMATE(S) OR SUGGESTIONS FOR IMPROVING THIS FORM, PLEASE WRITE TO: HEALTH CARE FINANCING ADMINISTRATION, 7500 SECURITY BOULEVARD, N2-14-26, BALTIMORE, MARYLAND 21244-1850, AND TO THE OFFICE OF THE INFORMATION AND REGULATORY AFFAIRS, OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, D.C. 20503.

PROVIDER NO. 14-0162 ST. JOSEPH MEDICAL CENTER  
PERIOD FROM 10/01/2008 TO 09/30/2009

KPMG LLP COMPU-MAX MICRO SYSTEM  
IN LIEU OF FORM CMS-2552-96 (05/2007)

VERSION: 2009.08  
02/23/2010 15:28

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 2200 E WASHINGTON  
1.01 CITY: BLOOMINGTON

STATE: IL

P.O.BOX:  
ZIP CODE: 61701

COUNTY: MCLEAN

1  
1.01

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:				PAYMENT SYSTEM (P,T,O OR N)			
COMPONENT 0	COMPONENT NAME 1	PROVIDER NUMBER 2	DATE CERTIFIED 3	V 4	XVIII 5	XIX 6	
2	HOSPITAL	ST. JOSEPH MEDICAL CENTER	14-0162	07/01/1966	N	P	O
3	SUBPROVIDER I						
4	SWING BEDS - SNF						
5	SWING BEDS - NF						
6	HOSPITAL-BASED SNF	ST. JOSEPH MEDICAL CENTER	14-5590	01/01/1988	N	P	O
7	HOSPITAL-BASED NF						
8	HOSPITAL-BASED OLTC						
9	HOSPITAL-BASED HHA						
11	SEPARATELY CERTIFIED ASC						
12	HOSPITAL-BASED HOSPICE						
14	HOSP-BASED RHC						
15	OUTPATIENT REHABILITATION PROVID						
16	RENAL DIALYSIS						
17	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 10/01/2008	TO: 09/30/2009				
18	TYPE OF CONTROL						
TYPE OF HOSPITAL/SUBPROVIDER							
19	HOSPITAL						
20	SUBPROVIDER I						

OTHER INFORMATION

21	INDICATE IF YOUR HOSPITAL IS EITHER (1) URBAN OR (2) RURAL AT THE END OF THE COST REPORTING PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.							21
21.01	DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.106?	YES						21.01
21.02	HAS YOUR FACILITY RECEIVED GEOGRAPHIC RECLASSIFICATION? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, REPORT IN COLUMN 2 THE EFFECTIVE DATE.							21.02
21.03	ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1) URBAN (2) RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHIC RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 'Y' AND 'N' FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (mm/dd/yyyy) (SEE INSTRUCTION). DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 'Y' FOR YES AND 'N' FOR NO. ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA.	1	N		N	N		21.03
21.04	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.	1						21.04
21.05	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.	1						21.05
21.06	DOES THIS HOSPITAL QUALIFY FOR THE THREE-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR A SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105 OR MIPPA 147? (SEE INSTRUCTIONS). ENTER 'Y' FOR YES AND 'N' FOR NO.	NO						21.06
21.07	DOES THIS HOSPITAL QUALIFY AS AN SCH WITH UNDER 100 BEDS OR FEWER BEDS UNDER MIPPA 147? ENTER 'Y' FOR YES AND 'N' FOR NO (SEE INSTRUCTIONS).	NO						21.07
22	ARE YOU CLASSIFIED AS A REFERRAL CENTER?	NO						22
23	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW	NO						23
23.01	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.01
23.02	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.02
23.03	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.03
23.04	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.04
23.05	IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE.							23.05
23.06	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.06
23.07	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.07
24	IF THIS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COL. 2. AND TERMINATION IN COL. 3.							24
24.01	IF THIS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COL 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COL 3.							24.01
25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING PAYMENTS FOR I & R?	NO						25
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?	NO						25.01
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.	NO						25.02
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.	NO						25.03
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2	NO						25.04
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)							25.05
25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENT CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)							25.06

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
(CONTINUED)

OTHER INFORMATION

26	IF THIS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.								26
26.01	ENTER THE APPLICABLE SCH DATES:	BEGINNING:	ENDING:						26.01
26.03	IF THIS A SOLE COMMUNITY HOSPITAL (SCH) FOR ANY PART OF THE COST REPORTING PERIOD, ENTER THE NUMBER OF PERIODS WITHIN THIS COST REPORTING PERIOD THAT SCH STATUS WAS IN EFFECT AND THE SCH WAS EITHER PHYSICALLY LOCATED OR CLASSIFIED IN A RURAL AREA.								26.03
26.04	IF LINE 26.03 COLUMN 1 IS GREATER THAN ONE ENTER THE EFFECTIVE DATES (SEE INSTRUCTIONS):	BEGINNING:	ENDING:	BEGINNING:	ENDING:				26.04
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? IF YES, ENTER THE AGREEMENT DATE (mm/dd/yyyy) IN COLUMN 2.					NO			27
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WAS NO MEDICARE UTILIZATION ENTER 'Y', IF 'N' COMPLETE LINES 28.01 AND 28.02.					NO			28
28.01	IF HOSPITAL BASED SNF ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COL 1, ENTER IN COLS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER OCTOBER 1st					100	0.9485	0.9485	28.01
28.02	ENTER IN COL 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR F.I.) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PAYMENT. IN COL 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL(2). IN COL 3, ENTER THE SNF MSA CODE OR TWO CHARACTER CODE IF A RURAL BASED FACILITY. IN COL 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY.					1	1040	14060	28.02

A NOTICE PUBLISHED IN THE 'FEDERAL REGISTER' VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)

28.03	STAFFING	0.00	N		28.03
28.04	RECRUITMENT	0.00	N		28.04
28.05	RETENTION OF EMPLOYEES	0.00	N		28.05
28.06	TRAINING	0.00	N		28.06
28.07	OTHER (SPECIFY)				28.07

29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?	NO			29
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL (CAH)? SEE 42 CFR 485.606ff.	NO			30
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS A RPCH/CAH? SEE 42 CFR 413.70.				30.01
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES?				30.02
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000)				30.03
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II.				30.04
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO			31

MISCELLANEOUS COST REPORTING INFORMATION

32	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.	NO			32
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT. ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 2.	NO			33
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40(f)(1)(i) TEFRA?	NO			34
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER I (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	NO			35

PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL

36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	1	XVIII	XIX	
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320?	NO	2	YES	NO	36
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	3	YES	NO	36.01
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF FEDERAL RATE?	NO		NO	NO	37
						37.01



HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 (CONTINUED)

TITLE XIX INPATIENT HOSPITAL SERVICES

38	DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?	YES	38
38.01	IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?	NO	38.01
38.02	DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?	NO	38.02
38.03	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?	NO	38.03
38.04	DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?	NO	38.04
40	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-I, CHAPTER 10? IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COLUMN 2 THE HOME OFFICE PROVIDER NUMBER. (SEE INSTRUCTIONS) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER THE NAME AND ADDRESS OF THE HOME OFFICE.	YES 149006	40
40.01	NAME: NAME: OSF HEALTHCARE SYSTEM FI/CONTRACTOR'S NAME: WPS	FI/CONTRACTOR'S NUMBER: 52280	40.01
40.02	STREET: 800 NE GLEN OAK AVE	P.O.BOX:	40.02
40.03	CITY: PEORIA	STATE: IL ZIP CODE: 61603	40.03
41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	YES	41
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO	42
42.01	ARE OCCUPATION THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO	42.01
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO	42.02
43	ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS?	NO	43
44	IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY?	YES	44
45	HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILE COST REPORT? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.	NO	45
45.01	WAS THERE A CHANGE IN THE STATISTICAL BASIS?		45.01
45.02	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?		45.02
45.03	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD?		45.03
46	IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE.		46

IF THIS FACILITY CONTAINS A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COST OR CHARGES, ENTER A 'Y' FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION; ENTER 'N' IF NOT EXEMPT (SEE 42 CFR 413.13).

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC		
	1	2	3	4	5		
47	HOSPITAL	N	N	N	N	47	
48	SUBPROVIDER I	N	N	N	N	48	
49	SKILLED NURSING FACILITY	N	N			49	
50	HOME HEALTH AGENCY	N	N			50	
52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?			NO		52	
52.01	IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.			NO		52.01	
53	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.					53	
53.01	MDH PERIOD:	BEGINNING:	ENDING:			53.01	
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:					54	
	PREMIUMS:	PAID LOSSES:	AND/OR SELF INSURANCE:	285095			
54.01	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.			NO		54.01	
55	DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO.			NO		55	
			DATE	Y/N	LIMIT	Y/N	FEES
			0	1	2	3	4
56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULE AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.		/ /	NO	0.00	NO	56
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?			NO			57
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.			NO			58
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)						58.01
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)			NO			59

PROVIDER NO. 14-0162 ST. JOSEPH MEDICAL CENTER  
PERIOD FROM 10/01/2008 TO 09/30/2009

KPMG LLP COMPU-MAX MICRO SYSTEM  
IN LIEU OF FORM CMS-2552-96 (05/2007)

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HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
(CONTINUED)

60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)	NO				60
60.01	IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)					60.01
MULTICAMPUS						
61	DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.	NO				61
	COUNTY: 1	STATE: 2	ZIP CODE 3	CBSA 4	FTE/ CAMPUS 5	
SETTLEMENT DATA						
63	WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y', ENTER THE 'PAID THROUGH' DATE OF THE PS&R IN COLUMN 2 (mm/dd/yyyy)	YES	01/12/2010			63



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WORKSHEET S-3  
PART I  
(CONTINUED)

[illegible]

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 PERIOD FROM 10/01/2008 TO 09/30/2009

KPMG LLP COMPU-MAX MICRO SYSTEM  
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HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3  
 PART I  
 (CONTINUED)

		-----DISCHARGES-----				
COMPONENT	TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15		
1 HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		2210	654	5762	1	
2 HMO XIX					2	
3 HOSPITAL ADULTS & PEDS - SWING BED SNF					3	
4 HOSPITAL ADULTS & PEDS - SWING BED NF					4	
5 TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS					5	
6 INTENSIVE CARE UNIT					6	
7 CORONARY CARE UNIT					7	
8 BURN INTENSIVE CARE UNIT					8	
9 SURGICAL INTENSIVE CARE UNIT					9	
10 OTHER SPECIAL CARE (SPECIFY)					10	
11 NURSERY					11	
12 TOTAL HOSPITAL		2210	654	5762	12	
13 RPCH VISITS					13	
14 SUBPROVIDER I					14	
15 SKILLED NURSING FACILITY					15	
16 NURSING FACILITY					16	
17 OTHER LONG TERM CARE					17	
18 HOME HEALTH AGENCY					18	
20 ASC (DISTINCT PART)					20	
21 HOSPICE (DISTINCT PART)					21	
23 O/P REHAB PROVIDER					23	
24 RHC I					24	
25 TOTAL					25	
26 OBSERVATION BED DAYS					26	
27 AMBULANCE TRIPS					27	
28 EMPLOYEE DISCOUNT DAYS					28	

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3  
 PART II

PART II - WAGE DATA

	AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	
	1	2	3	4	5	6	
1 SALARIES							1
2 TOTAL SALARIES	51659005	12405	51671410	1862034.00	27.75		2
3 NON-PHYSICIAN ANESTHETIST PART A							3
4 NON-PHYSICIAN ANESTHETIST PART B							4
5 PHYSICIAN - PART A	346541		346541	1934.00	179.18		5
6.01 TEACHING PHYSICIAN SALARIES							6.01
7 PHYSICIAN - PART B							7
8.01 NON-PHYSICIAN - PART B							8.01
9 INTERNS & RESIDENTS (IN APPR PGM)							9
10 CONTRACT SERVICES, I&R							10
11 HOME OFFICE PERSONNEL							11
12 SNF	384821		384821	20091.00	19.15		12
13.01 EXCLUDED AREA SALARIES	16504172	378850	16883022	454063.00	37.18		13.01
14 OTHER WAGES & RELATED COSTS							14
15 CONTRACT LABOR	1220920		1220920	11115.00	109.84		15
16.01 PHARMACY SERVICES UNDER CONTRACT							16.01
17 LABORATORY SERVICES UNDER CONTRACT							17
18.03 MANAGEMENT AND ADMINISTRATIVE SERVICES							18.03
19 CONTRACT LABOR: PHYSICIAN PART A	168000		168000	1160.00	144.83		19
20.01 TEACHING PHYSICIAN UNDER CONTRACT							20.01
21 HOME OFFICE SALARIES & WAGE REL COSTS	4306663		4306663	68373.00	62.99		21
22 HOME OFFICE: PHYSICIAN PART A							22
23.01 TEACHING PHYSICIAN SALARIES							23.01
24 WAGE-RELATED COSTS							24
25 WAGE RELATED COSTS (CORE)	10460189		10460189			CMS 339	25
26 WAGE RELATED COSTS (OTHER)						CMS 339	26
27 EXCLUDED AREAS	2625373		2625373			CMS 339	27
28 NON-PHYSICIAN ANESTHETIST PART A						CMS 339	28
29 NON-PHYSICIAN ANESTHETIST PART B						CMS 339	29
30 PHYSICIAN PART A	35337		35337			CMS 339	30
31.01 PART A TEACHING PHYSICIANS						CMS 339	31.01
32 PHYSICIAN PART B						CMS 339	32
33.01 WAGE RELATED COSTS (RHC/FQHC)						CMS 339	33.01
34 INTERNS & RESIDENTS (IN APPR PGM)						CMS 339	34
35 OVERHEAD COSTS - DIRECT SALARIES							35
36 EMPLOYEE BENEFITS							36
37 ADMINISTRATIVE & GENERAL	5372479	12405	5384884	218309.00	24.67		37
38.01 ADMINISTRATIVE & GENERAL UNDER CONTACT	493866		493866	2026.00	243.76		38.01
39 MAINTENANCE & REPAIRS	489548		489548	19133.00	25.59		39
40 OPERATION OF PLANT	502269		502269	19255.00	26.09		40
41 LAUNDRY & LINEN SERVICE	50031		50031	4278.00	11.69		41
42 HOUSEKEEPING	876536		876536	73609.00	11.91		42
43.01 HOUSEKEEPING UNDER CONTRACT							43.01
44 DIETARY	765047	-499168	265879	19583.00	13.58		44
45.01 DIETARY UNDER CONTRACT							45.01
46 CAFETERIA	85901	248806	334707	21540.00	15.54		46
47 MAINTENANCE OF PERSONNEL							47
48 NURSING ADMINISTRATION	1359672		1359672	40615.00	33.48		48
49 CENTRAL SERVICES AND SUPPLY	138504		138504	11158.00	12.41		49
50 PHARMACY							50
51 MEDICAL RECORDS & MEDICAL RECORDS LIBR	831054		831054	44456.00	18.69		51
52 SOCIAL SERVICE	170715		170715	7727.00	22.09		52
53 OTHER GENERAL SERVICE							53

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3  
 PART III

PART III - HOSPITAL WAGE INDEX SUMMARY

	AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	
	1	2	3	4	5	
1 NET SALARIES	52152871	12405	52165276	1864060.00	27.98	1
2 EXCLUDED AREA SALARIES	16888993	378850	17267843	474154.00	36.42	2
3 SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	35263878	-366445	34897433	1389906.00	25.11	3
4 SUBTOTAL OTHER WAGES & REL COSTS	5695583		5695583	80648.00	70.62	4
5 SUBTOTAL WAGE-RELATED COSTS	10495526		10495526		30.08%	5
6 TOTAL (SUM OF LINES 3 THRU 5)	51454987	-366445	51088542	1470554.00	34.74	6
7 NET SALARIES						7
8 EXCLUDED AREA SALARIES						8
9 SUBTOTAL SALARIES (LINE 7 MINUS LINE 8)						9
10 SUBTOTAL OTHER WAGES & REL COSTS						10
11 SUBTOTAL WAGE-RELATED COSTS						11
12 TOTAL (SUM OF LINES 9 THRU 11)						12
13 TOTAL OVERHEAD COSTS	11135622	-237957	10897665	481689.00	22.62	13

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PROSPECTIVE PAYMENT FOR SNF  
 STATISTICAL DATA

WORKSHEET S-7

GROUP (1)	M3PI REVENUE CODE	SERVICES PRIOR TO OCTOBER 1st RATE	DAYS	SERVICES ON OR AFTER OCTOBER 1st RATE	DAYS	SERVICES THROUGH 4/1/2001 - 9/30/2001 RATE	DAYS	SWING BED SNF DAYS	TOTAL
	2	3	3.01	4	4.01	4.02	4.03	4.06	5
1	RUC								1
2	RUB								2
3	RUA								3
3.01	RUX								3.01
3.02	RUL								3.02
4	RVC								4
5	RVB								5
6	RVA								6
6.01	RVX								6.01
6.02	RVL								6.02
7	RHC								7
8	RHB		7						8
9	RHA		7						9
9.01	RHX								9.01
9.02	RHL								9.02
10	RMC								10
11	RMB		2						11
12	RMA								12
12.01	RMX		103						12.01
12.02	RML		887						12.02
13	RLB								13
14	RLA								14
14.01	RLX		16						14.01
15	SE3								15
16	SE2		76						16
17	SE1								17
18	SSC								18
19	SSB								19
20	SSA		155						20
21	CC2								21
22	CC1								22
23	CB2								23
24	CB1								24
25	CA2								25
26	CA1								26
27	IB2								27
28	IB1								28
29	IA2								29
30	IA1								30
31	BB2								31
32	BB1								32
33	BA2								33
34	BA1								34
35	PE2								35
36	PE1								36
37	PD2								37
38	PD1								38
39	PC2								39
40	PC1								40
41	PB2								41
42	PB1		2						42
43	PA2								43
44	PA1								44
45	DEFAULT RATE								45
46	TOTAL		1255						46

HOSPITAL UNCOMPENSATED CARE DATA

WORKSHEET S-10

UNCOMPENSATED CARE INFORMATION

1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	1
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	2
2.01	IS IT AT THE TIME OF ADMISSION?	2.01
2.02	IS IT AT THE TIME OF FIRST BILLING?	2.02
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	2.03
2.04	OTHER METHODS OF WRITE-OFFS (SPECIFY)	2.04
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	3
4	ARE CHARITY DETERMINATION BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	4
5	ARE CHARITY DETERMINATION BASED UPON INCOME DATA ONLY?	5
6	ARE CHARITY DETERMINATION BASED UPON NET WORTH DATA?	6
7	ARE CHARITY DETERMINATION BASED UPON INCOME AND NET WORTH DATA?	7
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	8
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	8.01
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	9
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	9.01
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	9.02
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	9.03
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	9.04
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE-OFF?	10
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER LINES 11 THRU 11.04	11
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	11.01
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	11.02
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	11.03
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	11.04
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	12
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	13
14	IS YOUR HOSPITAL STATE AND LOCAL GOVERNMENT OWNED? IF YES ANSWER LINE 14.01	14
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THE GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING UNCOMPENSATED CARE?	14.01
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	14.02
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	15
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	16
17	REVENUE RELATED TO UNCOMPENSATED CARE	20525979 17
17.01	GROSS MEDICAID REVENUES	32925918 17.01
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	18
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	19
20	RESTRICTED GRANTS	20
21	NON-RESTRICTED GRANTS	21
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	53451897 22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	0.253905 23
24	COST TO CHARGE RATIO	24
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST	25
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	26
27	TOTAL SCHIP COST	27
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	32925918 28
29	TOTAL GROSS MEDICAID COST	8360055 29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	20525979 30
31	UNCOMPENSATED CARE COST	5211649 31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	8360055 32



PROVIDER NO. 14-0162 ST. JOSEPH MEDICAL CENTER  
PERIOD FROM 10/01/2008 TO 09/30/2009

KPMG LLP COMPU-MAX MICRO SYSTEM  
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VERSION: 2009.08  
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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

	COST CENTER	SALARIES 1	OTHER 2	TOTAL 3	RECLASSI- FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXP FOR ALLOCATION 7	
	GENERAL SERVICE COST CENTERS								
1	0100 OLD CAP REL COSTS-BLDG & FIXT								1
2	0200 OLD CAP REL COSTS-MVBLE EQUIP								2
3	0300 NEW CAP REL COSTS-BLDG & FIXT		2854068	2854068	-544025	2310043		2310043	3
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		2718109	2718109	-6025	2712084		2712084	4
5	0500 EMPLOYEE BENEFITS		13243594	13243594	-60790	13182804	-95056	13087748	5
6	0600 ADMINISTRATIVE & GENERAL	5372479	14978965	20351444	-47680	20303764	-2153110	18150654	6
7	0700 MAINTENANCE & REPAIRS	489548	881700	1371248		1371248		1371248	7
8	0800 OPERATION OF PLANT	502269	2330782	2833051		2833051	-57731	2775320	8
9	0900 LAUNDRY & LINEN SERVICE	50031	348664	398695		398695		398695	9
10	1000 HOUSEKEEPING	876536	74603	951139		951139	-148	950991	10
11	1100 DIETARY	765047	461773	1226820	-784670	442150	-601	441549	11
12	1200 CAFETERIA	85901	2829	88730	397615	486345		486345	12
13	1300 MAINTENANCE OF PERSONNEL								13
14	1400 NURSING ADMINISTRATION	1359672	190055	1549727		1549727	-55679	1494048	14
15	1500 CENTRAL SERVICES & SUPPLY	138504	119954	258458		258458		258458	15
16	1600 PHARMACY								16
17	1700 MEDICAL RECORDS & LIBRARY	831054	338087	1169141		1169141	-19901	1149240	17
18	1800 SOCIAL SERVICE	170715	-118	170597		170597	-10	170587	18
20	2000 NONPHYSICIAN ANESTHETISTS								20
21	2100 NURSING SCHOOL								21
22	2200 I&R SERVICES-SALARY & FRINGES A								22
23	2300 I&R SERVICES-OTHER PRGM COSTS A		206178	206178		206178	-206178		23
24	2400 PARAMED ED PRGM-(SPECIFY)								24
	INPATIENT ROUTINE SERV COST CENTERS								
25	2500 ADULTS & PEDIATRICS	9312431	776276	10088707		10088707	-4923	10083784	25
33	3300 NURSERY	287546	43460	331006		331006		331006	33
34	3400 SKILLED NURSING FACILITY	384821	22608	407429		407429		407429	34
	ANCILLARY SERVICE COST CENTERS								
37	3700 OPERATING ROOM	2247254	10720329	12967583	-12750	12954833		12954833	37
38	3800 RECOVERY ROOM	345840	11522	357362		357362		357362	38
39	3900 DELIVERY ROOM & LABOR ROOM	896374	122960	1019334		1019334	-6375	1012959	39
40	4000 ANESTHESIOLOGY		352451	352451		352451	-29904	322547	40
41	4100 RADIOLOGY-DIAGNOSTIC	944008	1745299	2689307		2689307	-48300	2641007	41
42	4200 RADIOLOGY-THERAPEUTIC		31104	31104		31104		31104	42
43	4300 RADIOISOTOPE	251936	543219	795155		795155	-4639	790516	43
43.10	3260 ECHOCARDIOLOGY	248698	120103	368801		368801		368801	43.10
43.20	3630 ULTRASOUND	316477	44287	360764		360764		360764	43.20
43.30	3440 MAMMOGRAPHY	107751	50051	157802		157802	-188	157614	43.30
43.40	3230 CAT SCAN	398182	776825	1175007		1175007	-19188	1155819	43.40
43.50	3430 MRI	197497	478450	675947		675947	-10766	665181	43.50
44	4400 LABORATORY	1536394	1981614	3518008		3518008	-114337	3403671	44
46.30	4650 BLOOD CLOTTING FACTORS ADMIN CO								46.30
47.10	3950 LITHOTRIPSY								47.10
49	4900 RESPIRATORY THERAPY	570728	127557	698285		698285		698285	49
50	5000 PHYSICAL THERAPY	1400082	507948	1908030		1908030	-52519	1855511	50
51	5100 OCCUPATIONAL THERAPY	250928	5688	256616		256616		256616	51
52	5200 SPEECH PATHOLOGY	139368	27112	166480		166480	-6496	159984	52
53	5300 ELECTROCARDIOLOGY	153236	34051	187287		187287		187287	53
53.10	3951 CARDIAC REHAB	142675	-2968	139707	-113330	26377		26377	53.10
53.20	3620 GRADED EXERCISE								53.20
53.30	3120 CARDIAC CATH LAB	308246	879240	1187486		1187486		1187486	53.30
53.40	3370 HOLTER MONITOR								53.40
54	5400 ELECTROENCEPHALOGRAPHY	109075	4400	113475		113475		113475	54
55	5500 MEDICAL SUPPLIES CHARGED TO PAT	145760	682147	827907		827907		827907	55
56	5600 DRUGS CHARGED TO PATIENTS	1721267	2959453	4680720		4680720	-299189	4381531	56
57	5700 RENAL DIALYSIS		118839	118839		118839		118839	57
59	3330 ENDOSCOPY	123	683242	683365		683365	-131679	551686	59
59.10	3952 DIABETES SERVICES	95819	4583	100402		100402		100402	59.10
	OUTPATIENT SERVICE COST CENTERS								
61	6100 EMERGENCY	2000561	1077521	3078082		3078082	-829577	2248505	61
62	6200 OBSERVATION BEDS (NON-DISTINCT								62
63.50	6310 RHC								63.50
63.60	6320 FQHC								63.60
	OTHER REIMBURSABLE COST CENTERS								
69.10	6910 CMHC								69.10
69.20	6920 OUTPATIENT PHYSICAL THERAPY								69.20
69.30	6930 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40	6940 OUTPATIENT SPEECH PATHOLOGY								69.40
71	7100 HOME HEALTH AGENCY								71
	SPECIAL PURPOSE COST CENTERS								
85.01	8510 PANCREAS ACQUISITION								85.01
85.02	8520 INTESTINAL ACQUISITION								85.02
95	SUBTOTALS	35154833	63678614	98833447	-1171655	97661792	-4146494	93515298	95
	NONREIMBURSABLE COST CENTERS								
96	9600 GIFT, FLOWER, COFFEE SHOP & CAN	57995	229361	287356	388	287744		287744	96

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES 1	OTHER 2	TOTAL 3	RECLASSI- FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXP FOR ALLOCATION 7	
98	9800 PHYSICIANS' PRIVATE OFFICES	15290854	28870086	44160940	657880	44818820		44818820	98
98.02	9809 HEMODIALYSIS								98.02
98.09	9808 CARDIAC REHAB NON ALLOWABLE				113330	113330		113330	98.09
98.10	9801 DIAMOND STAR NURSING								98.10
98.30	9802 FUND DEV, PLANNING, MKTING	425786	789057	1214843	4450	1219293		1219293	98.30
98.40	9803 COMMUNITY CANCER CTR								98.40
98.50	9804 MCLEAN CO EMS	93921	82754	176675		176675		176675	98.50
98.60	9805 OCC MED PROGRAM	530013	146647	676660	8480	685140		685140	98.60
98.70	9806 CARDIAC SCREENING	36712	25189	61901	72	61973		61973	98.70
98.80	9807 PALLIATIVE CARE	68891	1784	70675		70675		70675	98.80
98.90	9810 NON-PATIENT DIETARY				387055	387055		387055	98.90
101	TOTAL	51659005	93823492	145482497		145482497	-4146494	141336003	101

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RECLASSIFICATIONS

WORKSHEET A-6  
PAGE 1

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE LINE #	SALARY	OTHER
	1	2	3	4	5
1 FIRE INSURANCE	A	NEW CAP REL COSTS-BLDG & FIXT	3		49896
2	A	NEW CAP REL COSTS-MVBLE EQUIP	4		58574
3 TEAM AWARD	B				
4	B				
5	B				
6	B				
7	B				
8	B				
9	B				
10	B				
11	B				
12	B				
13	B				
14	B				
15	B				
16	B				
17	B				
18	B				
19	B				
20	B				
21	B				
22	B				
23	B				
24	B				
25	B				
26	B				
27	B				
28	B				
29	B				
30	B				
31	B				
32	B				
33	B				
34	B				
35	B				
36 SUBTOTAL					108470

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RECLASSIFICATIONS

WORKSHEET A-6  
PAGE 1

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- COST CENTER 6	DECREASE LINE # 7	SALARY 8	OTHER 9	WKST A-7 REF. 10
1 FIRE INSURANCE	A	ADMINISTRATIVE & GENERAL	6		108470	9 1
2	A					9 2
3 TEAM AWARD	B					3
4	B					4
5	B					5
6	B					6
7	B					7
8	B					8
9	B					9
10	B					10
11	B					11
12	B					12
13	B					13
14	B					14
15	B					15
16	B					16
17	B					17
18	B					18
19	B					19
20	B					20
21	B					21
22	B					22
23	B					23
24	B					24
25	B					25
26	B					26
27	B					27
28	B					28
29	B					29
30	B					30
31	B					31
32	B					32
33	B					33
34	B					34
35	B					35
36 SUBTOTAL					108470	36

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RECLASSIFICATIONS

WORKSHEET A-6  
 PAGE 2

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE LINE #	SALARY	OTHER	
	1	2	3	4	5	
1	B					1
2	B					2
3	B					3
4						4
5						5
6						6
7 CAFETERIA	C	CAFETERIA	12	388333	212022	7
8 CARDIAC REHAB	D	CARDIAC REHAB NON ALLOWABLE	98.09	115738		8
9	D	CARDIAC REHAB	53.10		2408	9
10 DEPRECIATION	E	GIFT, FLOWER, COFFEE SHOP & C	96		388	10
11	E	PHYSICIANS' PRIVATE OFFICES	98		645130	11
12	E	FUND DEV, PLANNING, MKTING	98.30		4450	12
13	E	OCC MED PROGRAM	98.60		8480	13
14	E	CARDIAC SCREENING	98.70		72	14
15 ENDOSCOPY	F					15
16 VACATION RECLASS	G	ADMINISTRATIVE & GENERAL	6	60790		16
17	G					17
18 TEAM AWARD ADJ RECLASS	H	ADMINISTRATIVE & GENERAL	6		48252	18
19	H					19
20 NON-PATIENT DIETARY COST REV RECL	I	NON-PATIENT DIETARY	98.90	250362	136693	20
21	I					21
22 ASC JOINT VENTURE	J	PHYSICIANS' PRIVATE OFFICES	98	12750		22
23	J					23
24 TELEPHONE	K	ADMINISTRATIVE & GENERAL	6		133	24
25						25
26						26
27						27
28						28
29						29
30						30
31						31
32						32
33						33
34						34
35						35
36 TOTAL RECLASSIFICATIONS				827973	1166498	36

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RECLASSIFICATIONS

WORKSHEET A-6  
 PAGE 2

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
	1	6	7	8	9	10
1	B					1
2	B					2
3	B					3
4						4
5						5
6						6
7 CAFETERIA	C	DIETARY	11	388333	212022	7
8 CARDIAC REHAB	D	CARDIAC REHAB	53.10	115738		8
9	D	CARDIAC REHAB NON ALLOWABLE	98.09		2408	9
10 DEPRECIATION	E	NEW CAP REL COSTS-BLDG & FIXT	3		593921	9 10
11	E	NEW CAP REL COSTS-MVBLE EQUIP	4		64599	9 11
12	E					12
13	E					13
14	E					14
15 ENDOSCOPY	F					15
16 VACATION RECLASS	G	EMPLOYEE BENEFITS	5		60790	16
17	G					17
18 TEAM AWARD ADJ RECLASS	H	ADMINISTRATIVE & GENERAL	6	48252		18
19	H					19
20 NON-PATIENT DIETARY COST REV RECL	I	DIETARY	11	110835	73480	20
21	I	CAFETERIA	12	139527	63213	21
22 ASC JOINT VENTURE	J	OPERATING ROOM	37	12750		22
23	J					23
24 TELEPHONE	K	ADMINISTRATIVE & GENERAL	6	133		24
25						25
26						26
27						27
28						28
29						29
30						30
31						31
32						32
33						33
34						34
35						35
36 TOTAL RECLASSIFICATIONS				815568	1178903	36

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ANALYSIS OF CHANGES DURING COST REPORTING  
 PERIOD IN CAPITAL ASSET BALANCES OF HOSPITAL  
 AND HOSPITAL HEALTH CARE COMPLEX CERTIFIED  
 TO PARTICIPATE IN HEALTH CARE PROGRAMS

WORKSHEET A-7  
 PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3	TOTAL 4				
1 LAND								1
2 LAND IMPROVEMENTS								2
3 BUILDINGS AND FIXTURES								3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT								5
6 MOVABLE EQUIPMENT								6
7 SUBTOTAL								7
8 RECONCILING ITEMS								8
9 TOTAL								9

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3	TOTAL 4				
1 LAND	1635357					1635357		1
2 LAND IMPROVEMENTS	2303150					2303150		2
3 BUILDINGS AND FIXTURES	83955231	17617		17617		83972848		3
4 BUILDING IMPROVEMENTS	195305					195305		4
5 FIXED EQUIPMENT	59338587	1309982		1309982	1943054	58705515		5
6 MOVABLE EQUIPMENT	102891					102891		6
7 SUBTOTAL	147530521	1327599		1327599	1943054	146915066		7
8 RECONCILING ITEMS								8
9 TOTAL	147530521	1327599		1327599	1943054	146915066		9

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7  
 PARTS III & IV

		----- COMPUTATION OF RATIOS -----			----- ALLOCATION OF OTHER CAPITAL -----			
DESCRIPTION		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL- RELATED COSTS
		1	2	3	4	5	6	7
1	OLD CAP REL COSTS-BLDG & FIXT				.000000			
2	OLD CAP REL COSTS-MVBLE EQUIP				.000000			
3	NEW CAP REL COSTS-BLDG & FIXT				.000000			
4	NEW CAP REL COSTS-MVBLE EQUIP				.000000			
5	TOTAL				.000000			

		----- SUMMARY OF OLD AND NEW CAPITAL -----						
DESCRIPTION		DEPREC- IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL- RELATED COSTS	TOTAL
		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BLDG & FIXT							
2	OLD CAP REL COSTS-MVBLE EQUIP							
3	NEW CAP REL COSTS-BLDG & FIXT		2310043					2310043
4	NEW CAP REL COSTS-MVBLE EQUIP		2712084					2712084
5	TOTAL		5022127					5022127

PART IV - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 THRU 4

		----- SUMMARY OF OLD AND NEW CAPITAL -----						
DESCRIPTION		DEPREC- IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL- RELATED COSTS	TOTAL
		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BLDG & FIXT							
2	OLD CAP REL COSTS-MVBLE EQUIP							
3	NEW CAP REL COSTS-BLDG & FIXT		2854068					2854068
4	NEW CAP REL COSTS-MVBLE EQUIP		2718109					2718109
5	TOTAL		5572177					5572177



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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER 3	LINE NO. 4	
1 INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-NEW BLDGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	4
5 INVESTMENT INCOME-OTHER					5
6 TRADE, QUANTITY, AND TIME DISCOUNTS					6
7 REFUNDS AND REBATES OF EXPENSES					7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)	A	-50765	ADMINISTRATIVE & GENERAL	6	9
10 TELEVISION AND RADIO SERVICE	A	-29792	NURSING ADMINISTRATION	14	10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-923049			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST A-8-1	-1880996			14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS					16
17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					17
18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					18
19 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-281680	DRUGS CHARGED TO PATIENTS	56	19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-19901	MEDICAL RECORDS & LIBRARY	17	20
21 NURSING SCHOOL (TUITION, FEES, BOOKS, ETC.)					21
22 VENDING MACHINES					22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES					23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4		RESPIRATORY THERAPY	49	25
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4		PHYSICAL THERAPY	50	26
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST A-8-3		HOME HEALTH AGENCY	71	27
28 UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89	28
29 DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	29
30 DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	30
31 DEPRECIATION--NEW BUILDINGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	31
32 DEPRECIATION--NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	32
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	33
34 PHYSICIANS' ASSISTANT					34
35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST WKST A-8-4				35
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST WKST A-8-4				36
37 DRUGS	B	-17509	DRUGS CHARGED TO PATIENTS	56	37
38					38
39 ER	B	-377	EMERGENCY	61	39
40 LAB	B	-18345	LABORATORY	44	40
41 BLOOD BANK	B	-46098	LABORATORY	44	41
41.05 RADIOLOGY	B	-1140	RADIOLOGY-DIAGNOSTIC	41	41.05
41.10 PHYSICAL THERAPY	B	-234	PHYSICAL THERAPY	50	41.10
41.20 FT JESSE PHYSICAL THERAPY	B	-14673	PHYSICAL THERAPY	50	41.20
42 INDUSTRIAL REHAB	B	-37612	PHYSICAL THERAPY	50	42
43 SPEECH	B	-6496	SPEECH PATHOLOGY	52	43
44					44
45 LABOR & DELIVERY	B	-6375	DELIVERY ROOM & LABOR ROOM	39	45
46 PATIENT ACCOUNTS	B	-280	ADMINISTRATIVE & GENERAL	6	46
46.10 HOUSEKEEPING	B	-148	HOUSEKEEPING	10	46.10
47 PERSONNEL	B	-4438	ADMINISTRATIVE & GENERAL	6	47
48 CLINICAL EDUCATION	B	-20717	NURSING ADMINISTRATION	14	48
48.01 MEDICAL STAFF EXPENSE	B	-35000	ADMINISTRATIVE & GENERAL	6	48.01
48.02 DIETARY	B	-601	DIETARY	11	48.02
48.03 SOCIAL WORK SVCS	B	-10	SOCIAL SERVICE	18	48.03
48.04 PLANT MAINT - OFF CAMPUS	B	-4863	OPERATION OF PLANT	8	48.04
48.05 DISASTER PREPAREDNESS	B	-13480	ADMINISTRATIVE & GENERAL	6	48.05
48.06 EMPLOYEE BENEFITS	B	-30	EMPLOYEE BENEFITS	5	48.06
49 PRE-EMPLOY PHYSICALS	A	-121199	EMPLOYEE BENEFITS	5	49
49.01 PHYSICIAN RECRUITMENT	A	-1663	ADMINISTRATIVE & GENERAL	6	49.01
49.10 PHYSICIAN RECRUITMENT	A	-4923	ADULTS & PEDIATRICS	25	49.10
49.11 PHYSICIAN RECRUITMENT	A	-10834	EMERGENCY	61	49.11
49.13 PROPERTY TAXES	A	-334549	ADMINISTRATIVE & GENERAL	6	49.13
49.14 TEAM AWARD ADJ PRIOR YR	A	-48252	ADMINISTRATIVE & GENERAL	6	49.14
49.17 AHA, IHHA, CHA DUES (LOBBYING %)	A	-30460	ADMINISTRATIVE & GENERAL	6	49.17
49.21 UNEMPLOYMENT COMP	A	26173	EMPLOYEE BENEFITS	5	49.21

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ADJUSTMENTS TO EXPENSES

DESCRIPTION		BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER 3	LINE NO. 4	WORKSHEET A-8 WKST A-7 REF 5
49.23	RESIDENT	A	-206178	I&R SERVICES-OTHER PRGM COSTS A	23	49.23
50	TOTAL		-4146494			50

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

WORKSHEET A-8-1

A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR THE CLAIMING OF HOME OFFICE COSTS:

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL 5)	NET ADJUSTMENTS	WKST A-7 REF	
1	2	3	4	5	6	7	
1						1	
2	6	ADMINISTRATIVE & GENERAL	CORP OFFICE CHARGES	6924235	8558458	-1634223	2
3	14	NURSING ADMINISTRATION	CORP OFFICE CHARGES	21904	27074	-5170	3
4	8	OPERATION OF PLANT	CORP OFFICE CHARGES	224002	276870	-52868	4
4.04	43.50	MRI	ET MAIN AGREE, EQUIP TECH	142475	153241	-10766	4.04
4.05	43	RADIOISOTOPE	ET MAIN AGREE, EQUIP TECH	61384	66023	-4639	4.05
4.06	43.40	CAT SCAN	ET MAIN AGREE, EQUIP TECH	253918	273106	-19188	4.06
4.07	43.30	MAMMOGRAPHY	ET MAIN AGREE, EQUIP TECH	2492	2680	-188	4.07
4.09	41	RADIOLOGY-DIAGNOSTIC	ET MAIN AGREE, EQUIP TECH	294765	317040	-22275	4.09
4.10	59	ENDOSCOPY	ENDOSCOPY	438932	570611	-131679	4.10
4.11	44	LABORATORY	OSF SYSTEM LAB	580156	580156		4.11
5		TOTALS		8944263	10825259	-1880996	5

B. INTERRELATIONSHIP OF RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

THE SECRETARY, BY VIRTUE OF AUTHORITY GRANTED UNDER SECTION 1814(b)(1) OF THE SOCIAL SECURITY ACT, REQUIRES THAT YOU FURNISH THE INFORMATION REQUESTED UNDER PART B OF THIS WORKSHEET.

THE INFORMATION IS USED BY THE HEALTH CARE FINANCING ADMINISTRATION AND ITS INTERMEDIARIES IN DETERMINING THAT THE COSTS APPLICABLE TO SERVICES, FACILITIES, AND SUPPLIES FURNISHED BY ORGANIZATIONS RELATED TO YOU BY COMMON OWNERSHIP OR CONTROL REPRESENT REASONABLE COSTS AS DETERMINED UNDER SECTION 1861 OF THE SOCIAL SECURITY ACT. IF YOU DO NOT PROVIDE ALL OR ANY PART OF THE REQUESTED INFORMATION, THE COST REPORT IS CONSIDERED INCOMPLETE AND NOT ACCEPTABLE FOR PURPOSES OF CLAIMING REIMBURSEMENT UNDER TITLE XVIII.

----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----						
SYMBOL	NAME	PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS	
(1)	2	3	4	5	6	
1	B	OSF HEALTHCARE SYSTEM	100.00	SEE ATTACHED		1
2						2
3						3
4						4
5						5

(1) USE THE FOLLOWING SYMBOLS TO INDICATE THE INTERRELATIONSHIP TO RELATED ORGANIZATIONS:

- INDIVIDUAL HAS FINANCIAL INTEREST (STOCKHOLDER, PARTNER, ETC.) IN BOTH RELATED ORGANIZATION AND IN PROVIDER.
- CORPORATION, PARTNERSHIP, OR OTHER ORGANIZATION HAS FINANCIAL INTEREST IN PROVIDER.
- PROVIDER HAS FINANCIAL INTEREST IN CORPORATION, PARTNERSHIP, OR OTHER ORGANIZATION.
- DIRECTOR, OFFICER, ADMINISTRATOR, OR KEY PERSON OF PROVIDER OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN RELATED ORGANIZATION.
- INDIVIDUAL IS DIRECTOR, OFFICER, ADMINISTRATOR, OR KEY PERSON OF PROVIDER AND RELATED ORGANIZATION.
- DIRECTOR, OFFICER, ADMINISTRATOR, OR KEY PERSON OF RELATED ORGANIZATION OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN PROVIDER.
- OTHER (FINANCIAL OR NON-FINANCIAL) SPECIFY:

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PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST	A	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT
1	2		3	4	5	6	7	8	9
1	53	ELECTROCARDIOLOGY		EKG					
2	54	ELECTROENCEPHALOGRAPHY		EEG, EMG, EP			1		
3	43.10	ECHOCARDIOLOGY		ECHO			1		
4	53.40	HOLTER MONITOR		HOLTER MONITOR			1		
5	43.20	ULTRASOUND		CT SCANNER			1		
6	42	RADIOLOGY-THERAPEUTIC		RAD THERAPY					
7	44	LABORATORY	50000	LAB	50000	219500	1	106	5
8	40	ANESTHESIOLOGY	30000	ANESTHESIA	30000	200300	1	96	5
9	49	RESPIRATORY THERAPY		RESP THERAPY		171400			
10	61	EMERGENCY	681330	ER	681330	171400	1	82	4
11	50	PHYSICAL THERAPY		REHAB		171400			
12	41	RADIOLOGY-DIAGNOSTIC	24996	RAD	24996	231100	1	111	6
13	61	EMERGENCY	137200	ER ON-TIME	137200	171400	1	82	4
101		TOTAL	923526		923526		5	477	24

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PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER		COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT
LINE NO.			12	13	14	15	16	17	18
10	11								
1 53	ELECTROCARDIOLOGY	EKG							
2 54	ELECTROENCEPHALOGRAPHY	EEG, EMG, EP							
3 43.10	ECHOCARDIOLOGY	ECHO							
4 53.40	HOLTER MONITOR	HOLTER MONITOR							
5 43.20	ULTRASOUND	CT SCANNER							
6 42	RADIOLOGY-THERAPEUTIC	RAD THERAPY							
7 44	LABORATORY	LAB							
8 40	ANESTHESIOLOGY	ANESTHESIA					106	49894	49894
9 49	RESPIRATORY THERAPY	RESP THERAPY					96	29904	29904
10 61	EMERGENCY	ER							
11 50	PHYSICAL THERAPY	REHAB					82	681248	681248
12 41	RADIOLOGY-DIAGNOSTIC	RAD					111	24885	24885
13 61	EMERGENCY	ER ON-TIME					82	137118	137118
101	TOTAL						477	923049	923049

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION 0	NEW CAP- REL COSTS BLDG&FIXT 3	NEW CAP- REL COSTS MOV EQUIP 4	EMPLOYEE BENEFITS 5	SUBTOTAL 5A	ADMINI- STRATIVE & GENERAL 6	MAINTEN- ANCE AND REPAIRS 7	OPERATION OF PLANT 8	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT	2310043	2310043							3
4 NEW CAP REL COSTS-MVBLE EQUIP	2712084		2712084						4
5 EMPLOYEE BENEFITS	13087748			13087748					5
6 ADMINISTRATIVE & GENERAL	18150654	196021	423414	1363926	20134015	20134015			6
7 MAINTENANCE & REPAIRS	1371248	305113	49634	123997	1849992	307321	2157313		7
8 OPERATION OF PLANT	2775320	70999	8183	127219	2981721	495323	84673	3561717	8
9 LAUNDRY & LINEN SERVICE	398695	10585		12672	421952	70095	12624	21694	9
10 HOUSEKEEPING	950991	15781	6093	222016	1194881	198494	18821	32342	10
11 DIETARY	441549	28580	24615	67344	562088	93374	34085	58573	11
12 CAFETERIA	486345	18376	683	84777	590181	98041	21915	37660	12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	1494048	25405	153587	344389	2017429	335135	30298	52065	14
15 CENTRAL SERVICES & SUPPLY	258458	9114	20574	35081	323227	53694	10869	18678	15
16 PHARMACY									16
17 MEDICAL RECORDS & LIBRARY	1149240	24533	10172	210496	1394441	231645	29258	50279	17
18 SOCIAL SERVICE	170587	962		43240	214789	35681	1147	1971	18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A									22
23 I&R SERVICES-OTHER PRGM COSTS A									23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	10083784	408048	76292	2358727	12926851	2147408	486640	836265	25
33 NURSERY	331006	6835	7850	72832	418523	69525	8152	14008	33
34 SKILLED NURSING FACILITY	407429	32582	9984	97471	547466	90945	38857	66774	34
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	12954833	136576	385614	565973	14042996	2332822	162881	279901	37
38 RECOVERY ROOM	357362	13096	4536	87597	462591	76846	15618	26839	38
39 DELIVERY ROOM & LABOR ROOM	1012959	35409	49719	227041	1325128	220130	42229	72568	39
40 ANESTHESIOLOGY	322547	3821	36337		362705	60253	4557	7831	40
41 RADIOLOGY-DIAGNOSTIC	2641007	67752	208473	239106	3156338	524331	80801	138853	41
42 RADIOLOGY-THERAPEUTIC	31104				31104	5167			42
43 RADIOISOTOPE	790516	11792	69525	63812	935645	155429	14063	24167	43
43.10 ECHOCARDIOLOGY	368801	13477	115804	62992	561074	93206	16073	27620	43.10
43.20 ULTRASOUND	360764	7526	101507	80160	549957	91359	8975	15424	43.20
43.30 MAMMOGRAPHY	157614	14768	26049	27292	225723	37497	17612	30265	43.30
43.40 CAT SCAN	1155819	23772	70055	100855	1350501	224345	28350	48718	43.40
43.50 MRI	665181	18498	31314	50024	765017	127085	22061	37911	43.50
44 LABORATORY	3403671	34021	127254	389150	3954096	656854	40574	69724	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
47.10 LITHOTRIPSY									47.10
49 RESPIRATORY THERAPY	698285	23068	34623	144559	900535	149597	27511	47276	49
50 PHYSICAL THERAPY	1855511	26282	54158	354624	2290575	380510	31345	53864	50
51 OCCUPATIONAL THERAPY	256616	7255	1134	63557	328562	54581	8652	14868	51
52 SPEECH PATHOLOGY	159984	7132	10369	35300	212785	35348	8506	14617	52
53 ELECTROCARDIOLOGY	187287	6474	67295	38813	299869	49814	7721	13268	53
53.10 CARDIAC REHAB	26377	2569	43714	6823	79483	13204	3064	5265	53.10
53.20 GRADED EXERCISE									53.20
53.30 CARDIAC CATH LAB	1187486	15988	93476	78075	1375025	228419	19067	32765	53.30
53.40 HOLTER MONITOR									53.40
54 ELECTROENCEPHALOGRAPHY	113475	8081	16419	27627	165602	27510	9637	16561	54
55 MEDICAL SUPPLIES CHARGED TO PAT	827907	6829	17	36919	871672	144802	8144	13995	55
56 DRUGS CHARGED TO PATIENTS	4381531	13374	95976	435976	4926857	818449	15949	27408	56
57 RENAL DIALYSIS	118839	36622			155461	25825	43676	75055	57
59 ENDOSCOPY	551686	32898		31	584615	97116	39235	67422	59
59.10 DIABETES SERVICES	100402	871		24270	125543	20855	1039	1786	59.10
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY	2248505	70444	12699	506718	2838366	471509	84011	144369	61
62 OBSERVATION BEDS (NON-DISTINCT									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
95 SUBTOTALS	93515298	1791329	2447148	8811481	88455381	11349544	1538690	2498649	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	287744	5002	387	14689	307822	51135	5966	10252	96

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION 0	NEW CAP- REL COSTS BLDG&FIXT 3	NEW CAP- REL COSTS MOV EQUIP 4	EMPLOYEE BENEFITS 5	SUBTOTAL 5A	ADMINI- STRATIVE & GENERAL 6	MAINTEN- ANCE AND REPAIRS 7	OPERATION OF PLANT 8	
98 PHYSICIANS' PRIVATE OFFICES	44818820	463607	63753	3876220	49222400	8176766	552901	950128	98
98.02 HEMODIALYSIS									98.02
98.09 CARDIAC REHAB NON ALLOWABLE	113330	11018	187823	29315	341486	56728	13140	22580	98.09
98.10 DIAMOND STAR NURSING									98.10
98.30 FUND DEV, PLANNING, MKTING	1219293	13399	4440	107846	1344978	223428	15980	27461	98.30
98.40 COMMUNITY CANCER CTR									98.40
98.50 MCLEAN CO EMS	176675			23789	200464	33301			98.50
98.60 OCC MED PROGRAM	685140	24546	8461	134246	852393	141600	29274	50306	98.60
98.70 CARDIAC SCREENING	61973		72	9299	71344	11852			98.70
98.80 PALLIATIVE CARE	70675	1142		17449	89266	14829	1362	2341	98.80
98.90 NON-PATIENT DIETARY	387055			63414	450469	74832			98.90
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	141336003	2310043	2712084	13087748	141336003	20134015	2157313	3561717	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
PART I

COST CENTER DESCRIPTION	LAUNDRY AND LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINI- STRATION 14	CENTRAL SERVICES & SUPPLY 15	MEDICAL RECORDS + LIBRARY 17	SOCIAL SERVICE 18	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6 ADMINISTRATIVE & GENERAL									6
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT									8
9 LAUNDRY & LINEN SERVICE	526365								9
10 HOUSEKEEPING		1444538							10
11 DIETARY		24122	772242						11
12 CAFETERIA		15509		763306					12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION		21441		28229	2484597				14
15 CENTRAL SERVICES & SUPPLY		7692		7751	42590	464501			15
16 PHARMACY									16
17 MEDICAL RECORDS & LIBRARY		20706		30904		1176	1758409		17
18 SOCIAL SERVICE		812		5365		1		259766	18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A									22
23 I&R SERVICES-OTHER PRGM COSTS A									23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	283968	344392	710657	243559	1309638	66146	145872	239050	25
33 NURSERY		5769		7375	40524	824	6161		33
34 SKILLED NURSING FACILITY	27606	27499	61585	13970	76757	2824	3988	20716	34
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	53340	115269		58844	352400	133086	317278		37
38 RECOVERY ROOM		11053		7997	43941	1862	8719		38
39 DELIVERY ROOM & LABOR ROOM	9594	29885		22372	122923	7458	19565		39
40 ANESTHESIOLOGY		3225				14291	19075		40
41 RADIOLOGY-DIAGNOSTIC	8555	57183		28301		12604	63886		41
42 RADIOLOGY-THERAPEUTIC							244		42
43 RADIOISOTOPE	810	9953		6696		770	50602		43
43.10 ECHOCARDIOLOGY		11374		6421	35280	1155	15594		43.10
43.20 ULTRASOUND	10143	6352		5915		600	18136		43.20
43.30 MAMMOGRAPHY	1295	12464		3008		1396	4984		43.30
43.40 CAT SCAN	11773	20063		11208		2063	138348		43.40
43.50 MRI	6346	15613		4454		1894	76321		43.50
44 LABORATORY		28714		47419		9681	234610		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
47.10 LITHOTRIPSY									47.10
49 RESPIRATORY THERAPY		19469		17802	97814	2595	50766		49
50 PHYSICAL THERAPY	638	22182		7072		1205	23386		50
51 OCCUPATIONAL THERAPY		6123		3355		3	6501		51
52 SPEECH PATHOLOGY		6019		2632		10	3039		52
53 ELECTROCARDIOLOGY	5981	5464		4367	23997	2341	17917		53
53.10 CARDIAC REHAB		2168		694	3814	33	997		53.10
53.20 GRADED EXERCISE									53.20
53.30 CARDIAC CATH LAB	10049	13493		6739	37028	14845	68034		53.30
53.40 HOLTER MONITOR									53.40
54 ELECTROENCEPHALOGRAPHY	1285	6820		2791		70	3004		54
55 MEDICAL SUPPLIES CHARGED TO PAT		5763		5944		98505	27494		55
56 DRUGS CHARGED TO PATIENTS		11287		28851		58814	343562		56
57 RENAL DIALYSIS		30909				2	3326		57
59 ENDOSCOPY		27766					15100		59
59.10 DIABETES SERVICES		735		2097			388		59.10
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY	94982	59454		54216	297891	19218	71512		61
62 OBSERVATION BEDS (NON-DISTINCT									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
95 SUBTOTALS	526365	1006742	772242	676348	2484597	455472	1758409	259766	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		4222		2184		4			96



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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	LAUNDRY AND LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINI- STRATION 14	CENTRAL SERVICES & SUPPLY 15	MEDICAL RECORDS + LIBRARY 17	SOCIAL SERVICE 18	
98 PHYSICIANS' PRIVATE OFFICES		391285		53305		8022			98
98.02 HEMODIALYSIS									98.02
98.09 CARDIAC REHAB NON ALLOWABLE		9299		2950		141			98.09
98.10 DIAMOND STAR NURSING									98.10
98.30 FUND DEV, PLANNING, MKTING		11309		12943		222			98.30
98.40 COMMUNITY CANCER CTR									98.40
98.50 MCLEAN CO EMS									98.50
98.60 OCC MED PROGRAM		20717		12177		598			98.60
98.70 CARDIAC SCREENING				1779		42			98.70
98.80 PALLIATIVE CARE		964		1620					98.80
98.90 NON-PATIENT DIETARY									98.90
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	526365	1444538	772242	763306	2484597	464501	1758409	259766	103

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION		SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
		25	26	27	
GENERAL SERVICE COST CENTERS					
1	OLD CAP REL COSTS-BLDG & FIXT				1
2	OLD CAP REL COSTS-MVBLE EQUIP				2
3	NEW CAP REL COSTS-BLDG & FIXT				3
4	NEW CAP REL COSTS-MVBLE EQUIP				4
5	EMPLOYEE BENEFITS				5
6	ADMINISTRATIVE & GENERAL				6
7	MAINTENANCE & REPAIRS				7
8	OPERATION OF PLANT				8
9	LAUNDRY & LINEN SERVICE				9
10	HOUSEKEEPING				10
11	DIETARY				11
12	CAFETERIA				12
13	MAINTENANCE OF PERSONNEL				13
14	NURSING ADMINISTRATION				14
15	CENTRAL SERVICES & SUPPLY				15
16	PHARMACY				16
17	MEDICAL RECORDS & LIBRARY				17
18	SOCIAL SERVICE				18
20	NONPHYSICIAN ANESTHETISTS				20
21	NURSING SCHOOL				21
22	I&R SERVICES-SALARY & FRINGES A				22
23	I&R SERVICES-OTHER PRGM COSTS A				23
24	PARAMED ED PRGM-(SPECIFY)				24
INPATIENT ROUTINE SERV COST CENTERS					
25	ADULTS & PEDIATRICS	19740446		19740446	25
33	NURSERY	570861		570861	33
34	SKILLED NURSING FACILITY	978987		978987	34
ANCILLARY SERVICE COST CENTERS					
37	OPERATING ROOM	17848817		17848817	37
38	RECOVERY ROOM	655466		655466	38
39	DELIVERY ROOM & LABOR ROOM	1871852		1871852	39
40	ANESTHESIOLOGY	471937		471937	40
41	RADIOLOGY-DIAGNOSTIC	4070852		4070852	41
42	RADIOLOGY-THERAPEUTIC	36515		36515	42
43	RADIOISOTOPE	1198135		1198135	43
43.10	ECHOCARDIOLOGY	767797		767797	43.10
43.20	ULTRASOUND	706861		706861	43.20
43.30	MAMMOGRAPHY	334244		334244	43.30
43.40	CAT SCAN	1835369		1835369	43.40
43.50	MRI	1056702		1056702	43.50
44	LABORATORY	5041672		5041672	44
46.30	BLOOD CLOTTING FACTORS ADMIN CO				46.30
47.10	LITHOTRIPSY				47.10
49	RESPIRATORY THERAPY	1313365		1313365	49
50	PHYSICAL THERAPY	2810777		2810777	50
51	OCCUPATIONAL THERAPY	422645		422645	51
52	SPEECH PATHOLOGY	282956		282956	52
53	ELECTROCARDIOLOGY	430739		430739	53
53.10	CARDIAC REHAB	108722		108722	53.10
53.20	GRADED EXERCISE				53.20
53.30	CARDIAC CATH LAB	1805464		1805464	53.30
53.40	HOLTER MONITOR				53.40
54	ELECTROENCEPHALOGRAPHY	233280		233280	54
55	MEDICAL SUPPLIES CHARGED TO PAT	1176319		1176319	55
56	DRUGS CHARGED TO PATIENTS	6231177		6231177	56
57	RENAL DIALYSIS	334254		334254	57
59	ENDOSCOPY	831254		831254	59
59.10	DIABETES SERVICES	152443		152443	59.10
OUTPATIENT SERVICE COST CENTERS					
61	EMERGENCY	4135528		4135528	61
62	OBSERVATION BEDS (NON-DISTINCT				62
63.50	RHC				63.50
63.60	FQHC				63.60
OTHER REIMBURSABLE COST CENTERS					
69.10	CMHC				69.10
69.20	OUTPATIENT PHYSICAL THERAPY				69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY				69.30
69.40	OUTPATIENT SPEECH PATHOLOGY				69.40
71	HOME HEALTH AGENCY				71
SPECIAL PURPOSE COST CENTERS					
85.01	PANCREAS ACQUISITION				85.01
85.02	INTESTINAL ACQUISITION				85.02
95	SUBTOTALS	77455436		77455436	95
NONREIMBURSABLE COST CENTERS					
96	GIFT, FLOWER, COFFEE SHOP & CAN	381585		381585	96

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COST ALLOCATION - GENERAL SERVICE COSTS

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PART I

COST CENTER DESCRIPTION	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27	
98 PHYSICIANS' PRIVATE OFFICES	59354807		59354807	98
98.02 HEMODIALYSIS				98.02
98.09 CARDIAC REHAB NON ALLOWABLE	446324		446324	98.09
98.10 DIAMOND STAR NURSING				98.10
98.30 FUND DEV, PLANNING, MKTING	1636321		1636321	98.30
98.40 COMMUNITY CANCER CTR				98.40
98.50 MCLEAN CO EMS	233765		233765	98.50
98.60 OCC MED PROGRAM	1107065		1107065	98.60
98.70 CARDIAC SCREENING	85017		85017	98.70
98.80 PALLIATIVE CARE	110382		110382	98.80
98.90 NON-PATIENT DIETARY	525301		525301	98.90
101 CROSS FOOT ADJUSTMENTS				101
102 NEGATIVE COST CENTER				102
103 TOTAL	141336003		141336003	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
PART III

COST CENTER DESCRIPTION		DIR ASSGND CAP-REL COSTS 0	NEW CAP- REL COSTS BLDG&FIXT 3	NEW CAP- REL COSTS MOV EQUIP 4	CAP REL COST TO BE ALLOC 4A	ADMINI- STRATIVE & GENERAL 6	MAINTEN- ANCE AND REPAIRS 7	OPERATION OF PLANT 8	LAUNDRY AND LINEN SERVICE 9	
GENERAL SERVICE COST CENTERS										
1	OLD CAP REL COSTS-BLDG & FIXT									1
2	OLD CAP REL COSTS-MVBLE EQUIP									2
3	NEW CAP REL COSTS-BLDG & FIXT									3
4	NEW CAP REL COSTS-MVBLE EQUIP									4
5	EMPLOYEE BENEFITS									5
6	ADMINISTRATIVE & GENERAL	1409669	196021	423414	2029104	2029104				6
7	MAINTENANCE & REPAIRS	1157	305113	49634	355904	30973	386877			7
8	OPERATION OF PLANT		70999	8183	79182	49920	15185	144287		8
9	LAUNDRY & LINEN SERVICE		10585		10585	7064	2264	879	20792	9
10	HOUSEKEEPING	1500	15781	6093	23374	20005	3375	1310		10
11	DIETARY	51	28580	24615	53246	9410	6113	2373		11
12	CAFETERIA		18376	683	19059	9881	3930	1526		12
13	MAINTENANCE OF PERSONNEL									13
14	NURSING ADMINISTRATION	355	25405	153587	179347	33776	5433	2109		14
15	CENTRAL SERVICES & SUPPLY	720	9114	20574	30408	5411	1949	757		15
16	PHARMACY									16
17	MEDICAL RECORDS & LIBRARY		24533	10172	34705	23346	5247	2037		17
18	SOCIAL SERVICE		962		962	3596	206	80		18
20	NONPHYSICIAN ANESTHETISTS									20
21	NURSING SCHOOL									21
22	I&R SERVICES-SALARY & FRINGES A									22
23	I&R SERVICES-OTHER PRGM COSTS A									23
24	PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS										
25	ADULTS & PEDIATRICS	9659	408048	76292	493999	216421	87271	33878	11217	25
33	NURSERY	314	6835	7850	14999	7007	1462	567		33
34	SKILLED NURSING FACILITY		32582	9984	42566	9166	6968	2705	1090	34
ANCILLARY SERVICE COST CENTERS										
37	OPERATING ROOM	92988	136576	385614	615178	235108	29210	11339	2107	37
38	RECOVERY ROOM		13096	4536	17632	7745	2801	1087		38
39	DELIVERY ROOM & LABOR ROOM	121	35409	49719	85249	22185	7573	2940	379	39
40	ANESTHESIOLOGY	26417	3821	36337	66575	6072	817	317		40
41	RADIOLOGY-DIAGNOSTIC	442949	67752	208473	719174	52843	14490	5625	338	41
42	RADIOLOGY-THERAPEUTIC					521				42
43	RADIOISOTOPE		11792	69525	81317	15665	2522	979	32	43
43.10	ECHOCARDIOLOGY		13477	115804	129281	9394	2882	1119		43.10
43.20	ULTRASOUND		7526	101507	109033	9207	1610	625	401	43.20
43.30	MAMMOGRAPHY	19891	14768	26049	60708	3779	3158	1226	51	43.30
43.40	CAT SCAN	369534	23772	70055	463361	22610	5084	1974	465	43.40
43.50	MRI		18498	31314	49812	12808	3956	1536	251	43.50
44	LABORATORY	1877	34021	127254	163152	66199	7276	2825		44
46.30	BLOOD CLOTTING FACTORS ADMIN CO									46.30
47.10	LITHOTRIPSY									47.10
49	RESPIRATORY THERAPY		23068	34623	57691	15077	4934	1915		49
50	PHYSICAL THERAPY	287200	26282	54158	367640	38349	5621	2182	25	50
51	OCCUPATIONAL THERAPY		7255	1134	8389	5501	1552	602		51
52	SPEECH PATHOLOGY		7132	10369	17501	3562	1525	592		52
53	ELECTROCARDIOLOGY		6474	67295	73769	5020	1385	537	236	53
53.10	CARDIAC REHAB		2569	43714	46283	1331	549	213		53.10
53.20	GRADED EXERCISE									53.20
53.30	CARDIAC CATH LAB		15988	93476	109464	23021	3419	1327	397	53.30
53.40	HOLTER MONITOR									53.40
54	ELECTROENCEPHALOGRAPHY		8081	16419	24500	2773	1728	671	51	54
55	MEDICAL SUPPLIES CHARGED TO PAT	97855	6829	17	104701	14594	1460	567		55
56	DRUGS CHARGED TO PATIENTS		13374	95976	109350	82485	2860	1110		56
57	RENAL DIALYSIS		36622		36622	2603	7833	3041		57
59	ENDOSCOPY		32898		32898	9788	7036	2731		59
59.10	DIABETES SERVICES		871		871	2102	186	72		59.10
OUTPATIENT SERVICE COST CENTERS										
61	EMERGENCY	85	70444	12699	83228	47520	15066	5848	3752	61
62	OBSERVATION BEDS (NON-DISTINCT									62
63.50	RHC									63.50
63.60	FQHC									63.60
OTHER REIMBURSABLE COST CENTERS										
69.10	CMHC									69.10
69.20	OUTPATIENT PHYSICAL THERAPY									69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40	OUTPATIENT SPEECH PATHOLOGY									69.40
71	HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS										
85.01	PANCREAS ACQUISITION									85.01
85.02	INTESTINAL ACQUISITION									85.02
95	SUBTOTALS	2762342	1791329	2447148	7000819	1143838	275936	101221	20792	95
NONREIMBURSABLE COST CENTERS										
96	GIFT, FLOWER, COFFEE SHOP & CAN	348	5002	387	5737	5154	1070	415		96

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 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP- REL COSTS BLDG&FIXT 3	NEW CAP- REL COSTS MOV EQUIP 4	CAP REL COST TO BE ALLOC 4A	ADMINI- STRATIVE & GENERAL 6	MAINTEN- ANCE AND REPAIRS 7	OPERATION OF PLANT 8	LAUNDRY AND LINEN SERVICE 9	
98 PHYSICIANS' PRIVATE OFFICES	759702	463607	63753	1287062	824020	99155	35491		98
98.02 HEMODIALYSIS									98.02
98.09 CARDIAC REHAB NON ALLOWABLE		11018	187823	198841	5717	2356	915		98.09
98.10 DIAMOND STAR NURSING									98.10
98.30 FUND DEV, PLANNING, MKTING	3744	13399	4440	21583	22518	2866	1112		98.30
98.40 COMMUNITY CANCER CTR									98.40
98.50 MCLEAN CO EMS					3356				98.50
98.60 OCC MED PROGRAM	2652	24546	8461	35659	14271	5250	2038		98.60
98.70 CARDIAC SCREENING			72	72	1194				98.70
98.80 PALLIATIVE CARE		1142		1142	1494	244	95		98.80
98.90 NON-PATIENT DIETARY					7542				98.90
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	3528788	2310043	2712084	8550915	2029104	386877	144287	20792	103

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COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS + LIBRARY	SOCIAL SERVICE	SUBTOTAL
	10	11	12	14	15	17	18	25
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6 ADMINISTRATIVE & GENERAL								6
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT								8
9 LAUNDRY & LINEN SERVICE								9
10 HOUSEKEEPING	48064							10
11 DIETARY	803	71945						11
12 CAFETERIA	516		34912					12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	713		1291	222669				14
15 CENTRAL SERVICES & SUPPLY	256		355	3817	42953			15
16 PHARMACY								16
17 MEDICAL RECORDS & LIBRARY	689		1413		109	67546		17
18 SOCIAL SERVICE	27		245				5116	18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A								22
23 I&R SERVICES-OTHER PRGM COSTS A								23
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	11459	66207	11140	117369	6117	5609	4708	1065395
33 NURSERY	192		337	3632	76	237		28509
34 SKILLED NURSING FACILITY	915	5738	639	6879	261	153	408	77488
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	3835		2691	31582	12306	12199		955555
38 RECOVERY ROOM	368		366	3938	172	335		34444
39 DELIVERY ROOM & LABOR ROOM	994		1023	11016	690	752		132801
40 ANESTHESIOLOGY	107				1322	733		75943
41 RADIOLOGY-DIAGNOSTIC	1903		1294		1165	2456		799288
42 RADIOLOGY-THERAPEUTIC						9		530
43 RADIOISOTOPE	331		306		71	1946		103169
43.10 ECHOCARDIOLOGY	378		294	3162	107	600		147217
43.20 ULTRASOUND	211		271		56	697		122111
43.30 MAMMOGRAPHY	415		138		129	192		69796
43.40 CAT SCAN	668		513		191	5319		500185
43.50 MRI	519		204		175	2934		72195
44 LABORATORY	955		2169		895	9020		252491
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
47.10 LITHOTRIPSY								47.10
49 RESPIRATORY THERAPY	648		814	8766	240	1952		92037
50 PHYSICAL THERAPY	738		323		111	899		415888
51 OCCUPATIONAL THERAPY	204		153			250		16651
52 SPEECH PATHOLOGY	200		120		1	117		23618
53 ELECTROCARDIOLOGY	182		200	2151	217	689		84386
53.10 CARDIAC REHAB	72		32	342	3	38		48863
53.20 GRADED EXERCISE								53.20
53.30 CARDIAC CATH LAB	449		308	3318	1373	2616		145692
53.40 HOLTER MONITOR								53.40
54 ELECTROENCEPHALOGRAPHY	227		128		6	115		30199
55 MEDICAL SUPPLIES CHARGED TO PAT	192		272		9109	1057		131952
56 DRUGS CHARGED TO PATIENTS	376		1320		5439	13148		216088
57 RENAL DIALYSIS	1028					128		51255
59 ENDOSCOPY	924					581		53958
59.10 DIABETES SERVICES	24		96			15		3366
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY	1978		2480	26697	1777	2750		191096
62 OBSERVATION BEDS (NON-DISTINCT								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
95 SUBTOTALS	33496	71945	30935	222669	42118	67546	5116	5942166
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN	140		100					12616

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ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS + LIBRARY	SOCIAL SERVICE	SUBTOTAL	
	10	11	12	14	15	17	18	25	
98 PHYSICIANS' PRIVATE OFFICES	13022		2438		742			2264930	98
98.02 HEMODIALYSIS									98.02
98.09 CARDIAC REHAB NON ALLOWABLE	309		135		13			208286	98.09
98.10 DIAMOND STAR NURSING									98.10
98.30 FUND DEV, PLANNING, MKTING	376		592		21			49068	98.30
98.40 COMMUNITY CANCER CTR									98.40
98.50 MCLEAN CO EMS								3356	98.50
98.60 OCC MED PROGRAM	689		557		55			58519	98.60
98.70 CARDIAC SCREENING			81		4			1351	98.70
98.80 PALLIATIVE CARE	32		74					3081	98.80
98.90 NON-PATIENT DIETARY								7542	98.90
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	48064	71945	34912	222669	42953	67546	5116	8550915	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION		I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27	
GENERAL SERVICE COST CENTERS				
1	OLD CAP REL COSTS-BLDG & FIXT			1
2	OLD CAP REL COSTS-MVBLE EQUIP			2
3	NEW CAP REL COSTS-BLDG & FIXT			3
4	NEW CAP REL COSTS-MVBLE EQUIP			4
5	EMPLOYEE BENEFITS			5
6	ADMINISTRATIVE & GENERAL			6
7	MAINTENANCE & REPAIRS			7
8	OPERATION OF PLANT			8
9	LAUNDRY & LINEN SERVICE			9
10	HOUSEKEEPING			10
11	DIETARY			11
12	CAFETERIA			12
13	MAINTENANCE OF PERSONNEL			13
14	NURSING ADMINISTRATION			14
15	CENTRAL SERVICES & SUPPLY			15
16	PHARMACY			16
17	MEDICAL RECORDS & LIBRARY			17
18	SOCIAL SERVICE			18
20	NONPHYSICIAN ANESTHETISTS			20
21	NURSING SCHOOL			21
22	I&R SERVICES-SALARY & FRINGES A			22
23	I&R SERVICES-OTHER PRGM COSTS A			23
24	PARAMED ED PRGM-(SPECIFY)			24
INPATIENT ROUTINE SERV COST CENTERS				
25	ADULTS & PEDIATRICS	1065395		25
33	NURSERY	28509		33
34	SKILLED NURSING FACILITY	77488		34
ANCILLARY SERVICE COST CENTERS				
37	OPERATING ROOM	955555		37
38	RECOVERY ROOM	34444		38
39	DELIVERY ROOM & LABOR ROOM	132801		39
40	ANESTHESIOLOGY	75943		40
41	RADIOLOGY-DIAGNOSTIC	799288		41
42	RADIOLOGY-THERAPEUTIC	530		42
43	RADIOISOTOPE	103169		43
43.10	ECHOCARDIOLOGY	147217		43.10
43.20	ULTRASOUND	122111		43.20
43.30	MAMMOGRAPHY	69796		43.30
43.40	CAT SCAN	500185		43.40
43.50	MRI	72195		43.50
44	LABORATORY	252491		44
46.30	BLOOD CLOTTING FACTORS ADMIN CO			46.30
47.10	LITHOTRIPSY			47.10
49	RESPIRATORY THERAPY	92037		49
50	PHYSICAL THERAPY	415888		50
51	OCCUPATIONAL THERAPY	16651		51
52	SPEECH PATHOLOGY	23618		52
53	ELECTROCARDIOLOGY	84386		53
53.10	CARDIAC REHAB	48863		53.10
53.20	GRADED EXERCISE			53.20
53.30	CARDIAC CATH LAB	145692		53.30
53.40	HOLTER MONITOR			53.40
54	ELECTROENCEPHALOGRAPHY	30199		54
55	MEDICAL SUPPLIES CHARGED TO PAT	131952		55
56	DRUGS CHARGED TO PATIENTS	216088		56
57	RENAL DIALYSIS	51255		57
59	ENDOSCOPY	53958		59
59.10	DIABETES SERVICES	3366		59.10
OUTPATIENT SERVICE COST CENTERS				
61	EMERGENCY	191096		61
62	OBSERVATION BEDS (NON-DISTINCT			62
63.50	RHC			63.50
63.60	FQHC			63.60
OTHER REIMBURSABLE COST CENTERS				
69.10	CMHC			69.10
69.20	OUTPATIENT PHYSICAL THERAPY			69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY			69.30
69.40	OUTPATIENT SPEECH PATHOLOGY			69.40
71	HOME HEALTH AGENCY			71
SPECIAL PURPOSE COST CENTERS				
85.01	PANCREAS ACQUISITION			85.01
85.02	INTESTINAL ACQUISITION			85.02
95	SUBTOTALS	5942166		95
NONREIMBURSABLE COST CENTERS				
96	GIFT, FLOWER, COFFEE SHOP & CAN	12616		96



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ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
PART III

COST CENTER DESCRIPTION	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27	
98 PHYSICIANS' PRIVATE OFFICES		2264930	98
98.02 HEMODIALYSIS			98.02
98.09 CARDIAC REHAB NON ALLOWABLE		208286	98.09
98.10 DIAMOND STAR NURSING			98.10
98.30 FUND DEV, PLANNING, MKTING		49068	98.30
98.40 COMMUNITY CANCER CTR			98.40
98.50 MCLEAN CO EMS		3356	98.50
98.60 OCC MED PROGRAM		58519	98.60
98.70 CARDIAC SCREENING		1351	98.70
98.80 PALLIATIVE CARE		3081	98.80
98.90 NON-PATIENT DIETARY		7542	98.90
101 CROSS FOOT ADJUSTMENTS			101
102 NEGATIVE COST CENTER			102
103 TOTAL		8550915	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		NEW CAP- REL COSTS BLDG&FIXT SQUARE FEET	NEW CAP- REL COSTS MOV EQUIP DOLLAR VALUE	EMPLOYEE BENEFITS GROSS SALARIES	RECON- CILIATION	ADMINI- STRATIVE & GENERAL ACCUM COST	MAINTEN- ANCE AND REPAIRS SQUARE FEET	OPERATION OF PLANT SQUARE FEET	
		3	4	5	6A	6	7	8	
1	GENERAL SERVICE COST CENTERS								1
2	OLD CAP REL COSTS-BLDG & FIXT								2
3	OLD CAP REL COSTS-MVBLE EQUIP								3
4	NEW CAP REL COSTS-BLDG & FIXT	357901							4
5	NEW CAP REL COSTS-MVBLE EQUIP		2718113						5
6	EMPLOYEE BENEFITS			51671410					6
7	ADMINISTRATIVE & GENERAL	30370	424353	5384884	-20134015	121201988			7
8	MAINTENANCE & REPAIRS	47272	49744	489548		1849992	280259		8
9	OPERATION OF PLANT	11000	8201	502269		2981721	11000	269259	9
10	LAUNDRY & LINEN SERVICE	1640		50031		421952	1640	1640	10
11	HOUSEKEEPING	2445	6107	876536		1194881	2445	2445	11
12	DIETARY	4428	24670	265879		562088	4428	4428	12
13	CAFETERIA	2847	685	334707		590181	2847	2847	13
14	MAINTENANCE OF PERSONNEL								14
15	NURSING ADMINISTRATION	3936	153928	1359672		2017429	3936	3936	15
16	CENTRAL SERVICES & SUPPLY	1412	20620	138504		323227	1412	1412	16
17	PHARMACY								17
18	MEDICAL RECORDS & LIBRARY	3801	10195	831054		1394441	3801	3801	18
19	SOCIAL SERVICE	149		170715		214789	149	149	19
20	NONPHYSICIAN ANESTHETISTS								20
21	NURSING SCHOOL								21
22	I&R SERVICES-SALARY & FRINGES								22
23	I&R SERVICES-OTHER PRGM COSTS								23
24	PARAMED ED PRGM-(SPECIFY)								24
25	INPATIENT ROUTINE SERV COST CENTERS								
26	ADULTS & PEDIATRICS	63220	76462	9312431		12926851	63220	63220	25
27	NURSERY	1059	7867	287546		418523	1059	1059	26
28	SKILLED NURSING FACILITY	5048	10006	384821		547466	5048	5048	27
29	ANCILLARY SERVICE COST CENTERS								
30	OPERATING ROOM	21160	386471	2234504		14042996	21160	21160	28
31	RECOVERY ROOM	2029	4546	345840		462591	2029	2029	29
32	DELIVERY ROOM & LABOR ROOM	5486	49830	896374		1325128	5486	5486	30
33	ANESTHESIOLOGY	592	36418			362705	592	592	31
34	RADIOLOGY-DIAGNOSTIC	10497	208936	944008		3156338	10497	10497	32
35	RADIOLOGY-THERAPEUTIC					31104			33
36	RADIOISOTOPE	1827	69680	251936		935645	1827	1827	34
37	ECHOCARDIOLOGY	2088	116061	248698		561074	2088	2088	35
38	ULTRASOUND	1166	101733	316477		549957	1166	1166	36
39	MAMMOGRAPHY	2288	26107	107751		225723	2288	2288	37
40	CAT SCAN	3683	70211	398182		1350501	3683	3683	38
41	MRI	2866	31384	197497		765017	2866	2866	39
42	LABORATORY	5271	127537	1536394		3954096	5271	5271	40
43	BLOOD CLOTTING FACTORS ADMIN								41
44	LITHOTRIPSY								42
45	RESPIRATORY THERAPY	3574	34700	570728		900535	3574	3574	43
46	PHYSICAL THERAPY	4072	54278	1400082		2290575	4072	4072	44
47	OCCUPATIONAL THERAPY	1124	1137	250928		328562	1124	1124	45
48	SPEECH PATHOLOGY	1105	10392	139368		212785	1105	1105	46
49	ELECTROCARDIOLOGY	1003	67445	153236		299869	1003	1003	47
50	CARDIAC REHAB	398	43811	26937		79483	398	398	48
51	GRADED EXERCISE								49
52	CARDIAC CATH LAB	2477	93684	308246		1375025	2477	2477	50
53	HOLTER MONITOR								51
54	ELECTROENCEPHALOGRAPHY	1252	16455	109075		165602	1252	1252	52
55	MEDICAL SUPPLIES CHARGED TO P	1058	17	145760		871672	1058	1058	53
56	DRUGS CHARGED TO PATIENTS	2072	96189	1721267		4926857	2072	2072	54
57	RENAL DIALYSIS	5674				155461	5674	5674	55
58	ENDOSCOPY	5097		123		584615	5097	5097	56
59	DIABETES SERVICES	135		95819		125543	135	135	57
60	OUTPATIENT SERVICE COST CENTERS								58
61	EMERGENCY	10914	12727	2000561		2838366	10914	10914	59
62	OBSERVATION BEDS (NON-DISTINC								60
63.50	RHC								61
63.60	FQHC								62
64	OTHER REIMBURSABLE COST CENTERS								63
65	CMHC								64
66	OUTPATIENT PHYSICAL THERAPY								65
67	OUTPATIENT OCCUPATIONAL THERA								66
68	OUTPATIENT SPEECH PATHOLOGY								67
69	HOME HEALTH AGENCY								68
70	SPECIAL PURPOSE COST CENTERS								69
71	PANCREAS ACQUISITION								70
72	INTESTINAL ACQUISITION								71

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP- REL COSTS BLDG&FIXT SQUARE FEET 3	NEW CAP- REL COSTS MOV EQUIP DOLLAR VALUE 4	EMPLOYEE BENEFITS GROSS SALARIES 5	RECON- CILIATION 6A	ADMINI- STRATIVE & GENERAL ACCUM COST 6	MAINTEN- ANCE AND REPAIRS SQUARE FEET 7	OPERATION OF PLANT SQUARE FEET 8	
95 SUBTOTALS	277535	2452587	34788388	-20134015	68321366	199893	188893	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C	775	388	57995		307822	775	775	96
98 PHYSICIANS' PRIVATE OFFICES	71828	63895	15303604		49222400	71828	71828	98
98.02 HEMODIALYSIS								98.02
98.09 CARDIAC REHAB NON ALLOWABLE	1707	188241	115738		341486	1707	1707	98.09
98.10 DIAMOND STAR NURSING								98.10
98.30 FUND DEV, PLANNING, MKTING	2076	4450	425786		1344978	2076	2076	98.30
98.40 COMMUNITY CANCER CTR								98.40
98.50 MCLEAN CO EMS			93921		200464			98.50
98.60 OCC MED PROGRAM	3803	8480	530013		852393	3803	3803	98.60
98.70 CARDIAC SCREENING		72	36712		71344			98.70
98.80 PALLIATIVE CARE	177		68891		89266	177	177	98.80
98.90 NON-PATIENT DIETARY			250362		450469			98.90
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	2310043	2712084	13087748		20134015	2157313	3561717	103
104 UNIT COST MULT-WS B PT I		.997782				7.697569		104
104 UNIT COST MULT-WS B PT I	6.454419		.253288		.166120		13.227848	104
105 COST TO BE ALLOC PER B PT II								105
106 UNIT COST MULT-WS B PT II								106
106 UNIT COST MULT-WS B PT II								106
107 COST TO BE ALLOC PER B PT III					2029104	386877	144287	107
108 UNIT COST MULT-WS B PT III						1.380427		108
108 UNIT COST MULT-WS B PT III					.016742		.535867	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		LAUNDRY AND LINEN SERVICE POUNDS OF LAUNDRY 9	HOUSE- KEEPING SQUARE FEET 10	DIETARY PATIENT DAYS 11	CAFETERIA FTE'S 12	NURSING ADMINI- STRATION FTE'S 14	CENTRAL SERVICES & SUPPLY COSTED REQUIS 15	MEDICAL RECORDS + LIBRARY GROSS CHARGES 17	SOCIAL SERVICE PATIENT DAYS 18
1	GENERAL SERVICE COST CENTERS								
2	OLD CAP REL COSTS-BLDG & FIXT								1
3	OLD CAP REL COSTS-MVBLE EQUIP								2
4	NEW CAP REL COSTS-BLDG & FIXT								3
5	NEW CAP REL COSTS-MVBLE EQUIP								4
6	EMPLOYEE BENEFITS								5
7	ADMINISTRATIVE & GENERAL								6
8	MAINTENANCE & REPAIRS								7
9	OPERATION OF PLANT								8
10	LAUNDRY & LINEN SERVICE	706078							9
11	HOUSEKEEPING		265174						10
12	DIETARY		4428	22897					11
13	CAFETERIA		2847		52782				12
14	MAINTENANCE OF PERSONNEL								13
15	NURSING ADMINISTRATION		3936		1952	31269			14
16	CENTRAL SERVICES & SUPPLY		1412		536	536	2201356		15
17	PHARMACY								16
18	MEDICAL RECORDS & LIBRARY		3801		2137		5574	305931639	17
20	SOCIAL SERVICE		149		371		4		22897
21	NONPHYSICIAN ANESTHETISTS								20
22	NURSING SCHOOL								21
23	I&R SERVICES-SALARY & FRINGES								22
24	I&R SERVICES-OTHER PRGM COSTS								23
25	PARAMED ED PRGM-(SPECIFY)								24
26	INPATIENT ROUTINE SERV COST CENTERS								
27	ADULTS & PEDIATRICS	380921	63220	21071	16842	16482	313477	25377893	21071
28	NURSERY		1059		510	510	3903	1071877	
29	SKILLED NURSING FACILITY	37031	5048	1826	966	966	13382	693807	1826
30	ANCILLARY SERVICE COST CENTERS								
31	OPERATING ROOM	71552	21160		4069	4435	630724	55198007	37
32	RECOVERY ROOM		2029		553	553	8822	1516864	38
33	DELIVERY ROOM & LABOR ROOM	12869	5486		1547	1547	35347	3403854	39
34	ANESTHESIOLOGY		592				67729	3318541	40
35	RADIOLOGY-DIAGNOSTIC	11476	10497		1957		59732	11114469	41
36	RADIOLOGY-THERAPEUTIC							42404	42
37	RADIOISOTOPE	1087	1827		463		3647	8803446	43
38	ECHOCARDIOLOGY		2088		444	444	5475	2712954	43.10
39	ULTRASOUND	13606	1166		409		2845	3155152	43.20
40	MAMMOGRAPHY	1737	2288		208		6616	867045	43.30
41	CAT SCAN	15793	3683		775		9775	24068878	43.40
42	MRI	8512	2866		308		8974	13277883	43.50
43	LABORATORY		5271		3279		45878	40815922	44
44	BLOOD CLOTTING FACTORS ADMIN								46.30
45	LITHOTRIpsy								47.10
46	RESPIRATORY THERAPY		3574		1231	1231	12296	8831920	49
47	PHYSICAL THERAPY	856	4072		489		5710	4068581	50
48	OCCUPATIONAL THERAPY		1124		232		15	1130950	51
49	SPEECH PATHOLOGY		1105		182		49	528661	52
50	ELECTROCARDIOLOGY	8023	1003		302	302	11096	3117100	53
51	CARDIAC REHAB		398		48	48	156	173501	53.10
52	GRADED EXERCISE								53.20
53	CARDIAC CATH LAB	13480	2477		466	466	70354	11836175	53.30
54	HOLTER MONITOR								53.40
55	ELECTROENCEPHALOGRAPHY	1724	1252		193		333	522577	54
56	MEDICAL SUPPLIES CHARGED TO P		1058		411		466831	4783275	55
57	DRUGS CHARGED TO PATIENTS		2072		1995		278730	59785723	56
58	RENAL DIALYSIS		5674				9	578588	57
59	ENDOSCOPY		5097					2626924	59
60	DIABETES SERVICES		135		145			67478	59.10
61	OUTPATIENT SERVICE COST CENTERS								
62	EMERGENCY	127411	10914		3749	3749	91078	12441190	61
63	OBSERVATION BEDS (NON-DISTINC								62
64	RHC								63.50
65	FQHC								63.60
66	OTHER REIMBURSABLE COST CENTERS								
67	CMHC								69.10
68	OUTPATIENT PHYSICAL THERAPY								69.20
69	OUTPATIENT OCCUPATIONAL THERA								69.30
70	OUTPATIENT SPEECH PATHOLOGY								69.40
71	HOME HEALTH AGENCY								71
72	SPECIAL PURPOSE COST CENTERS								
73	PANCREAS ACQUISITION								85.01
74	INTESTINAL ACQUISITION								85.02

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	LAUNDRY AND LINEN SERVICE POUNDS OF LAUNDRY 9	HOUSE- KEEPING SQUARE FEET 10	DIETARY PATIENT DAYS 11	CAFETERIA FTE'S 12	NURSING ADMINI- STRATION FTE'S 14	CENTRAL SERVICES & SUPPLY COSTED REQUIS 15	MEDICAL RECORDS + LIBRARY GROSS CHARGES 17	SOCIAL SERVICE PATIENT DAYS 18	
95 SUBTOTALS	706078	184808	22897	46769	31269	2158561	305931639	22897	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & C		775		151		17			96
98 PHYSICIANS' PRIVATE OFFICES		71828		3686		38018			98
98.02 HEMODIALYSIS									98.02
98.09 CARDIAC REHAB NON ALLOWABLE		1707		204		670			98.09
98.10 DIAMOND STAR NURSING									98.10
98.30 FUND DEV, PLANNING, MKTING		2076		895		1054			98.30
98.40 COMMUNITY CANCER CTR									98.40
98.50 MCLEAN CO EMS									98.50
98.60 OCC MED PROGRAM		3803		842		2836			98.60
98.70 CARDIAC SCREENING				123		200			98.70
98.80 PALLIATIVE CARE		177		112					98.80
98.90 NON-PATIENT DIETARY									98.90
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 COST TO BE ALLOC PER B PT I	526365	1444538	772242	763306	2484597	464501	1758409	259766	103
104 UNIT COST MULT-WS B PT I	.745477		33.726776		79.458793		.005748		104
104 UNIT COST MULT-WS B PT I		5.447510		14.461483		.211007		11.344980	104
105 COST TO BE ALLOC PER B PT II									105
106 UNIT COST MULT-WS B PT II									106
106 UNIT COST MULT-WS B PT II									106
107 COST TO BE ALLOC PER B PT III	20792	48064	71945	34912	222669	42953	67546	5116	107
108 UNIT COST MULT-WS B PT III	.029447		3.142115		7.121078		.000221		108
108 UNIT COST MULT-WS B PT III		.181255		.661438		.019512		.223435	108

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 PERIOD FROM 10/01/2008 TO 09/30/2009

KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-96 (9/97)

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION

GENERAL SERVICE COST CENTERS	
1 OLD CAP REL COSTS-BLDG & FIXT	1
2 OLD CAP REL COSTS-MVBLE EQUIP	2
3 NEW CAP REL COSTS-BLDG & FIXT	3
4 NEW CAP REL COSTS-MVBLE EQUIP	4
5 EMPLOYEE BENEFITS	5
6 ADMINISTRATIVE & GENERAL	6
7 MAINTENANCE & REPAIRS	7
8 OPERATION OF PLANT	8
9 LAUNDRY & LINEN SERVICE	9
10 HOUSEKEEPING	10
11 DIETARY	11
12 CAFETERIA	12
13 MAINTENANCE OF PERSONNEL	13
14 NURSING ADMINISTRATION	14
15 CENTRAL SERVICES & SUPPLY	15
16 PHARMACY	16
17 MEDICAL RECORDS & LIBRARY	17
18 SOCIAL SERVICE	18
20 NONPHYSICIAN ANESTHETISTS	20
21 NURSING SCHOOL	21
22 I&R SERVICES-SALARY & FRINGES	22
23 I&R SERVICES-OTHER PRGM COSTS	23
24 PARAMED ED PRGM-(SPECIFY)	24
INPATIENT ROUTINE SERV COST CENTERS	
25 ADULTS & PEDIATRICS	25
33 NURSERY	33
34 SKILLED NURSING FACILITY	34
ANCILLARY SERVICE COST CENTERS	
37 OPERATING ROOM	37
38 RECOVERY ROOM	38
39 DELIVERY ROOM & LABOR ROOM	39
40 ANESTHESIOLOGY	40
41 RADIOLOGY-DIAGNOSTIC	41
42 RADIOLOGY-THERAPEUTIC	42
43 RADIOISOTOPE	43
43.10 ECHOCARDIOLOGY	43.10
43.20 ULTRASOUND	43.20
43.30 MAMMOGRAPHY	43.30
43.40 CAT SCAN	43.40
43.50 MRI	43.50
44 LABORATORY	44
46.30 BLOOD CLOTTING FACTORS ADMIN	46.30
47.10 LITHOTRIPSY	47.10
49 RESPIRATORY THERAPY	49
50 PHYSICAL THERAPY	50
51 OCCUPATIONAL THERAPY	51
52 SPEECH PATHOLOGY	52
53 ELECTROCARDIOLOGY	53
53.10 CARDIAC REHAB	53.10
53.20 GRADED EXERCISE	53.20
53.30 CARDIAC CATH LAB	53.30
53.40 HOLTER MONITOR	53.40
54 ELECTROENCEPHALOGRAPHY	54
55 MEDICAL SUPPLIES CHARGED TO P	55
56 DRUGS CHARGED TO PATIENTS	56
57 RENAL DIALYSIS	57
59 ENDOSCOPY	59
59.10 DIABETES SERVICES	59.10
OUTPATIENT SERVICE COST CENTERS	
61 EMERGENCY	61
62 OBSERVATION BEDS (NON-DISTINC	62
63.50 RHC	63.50
63.60 FQHC	63.60
OTHER REIMBURSABLE COST CENTERS	
69.10 CMHC	69.10
69.20 OUTPATIENT PHYSICAL THERAPY	69.20
69.30 OUTPATIENT OCCUPATIONAL THERA	69.30
69.40 OUTPATIENT SPEECH PATHOLOGY	69.40
71 HOME HEALTH AGENCY	71
SPECIAL PURPOSE COST CENTERS	
85.01 PANCREAS ACQUISITION	85.01
85.02 INTESTINAL ACQUISITION	85.02

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION

95	SUBTOTALS	95
	NONREIMBURSABLE COST CENTERS	
96	GIFT, FLOWER, COFFEE SHOP & C	96
98	PHYSICIANS' PRIVATE OFFICES	98
98.02	HEMODIALYSIS	98.02
98.09	CARDIAC REHAB NON ALLOWABLE	98.09
98.10	DIAMOND STAR NURSING	98.10
98.30	FUND DEV, PLANNING, MKTING	98.30
98.40	COMMUNITY CANCER CTR	98.40
98.50	MCLEAN CO EMS	98.50
98.60	OCC MED PROGRAM	98.60
98.70	CARDIAC SCREENING	98.70
98.80	PALLIATIVE CARE	98.80
98.90	NON-PATIENT DIETARY	98.90
101	CROSS FOOT ADJUSTMENTS	101
102	NEGATIVE COST CENTER	102
103	COST TO BE ALLOC PER B PT I	103
104	UNIT COST MULT-WS B PT I	104
104	UNIT COST MULT-WS B PT I	104
105	COST TO BE ALLOC PER B PT II	105
106	UNIT COST MULT-WS B PT II	106
106	UNIT COST MULT-WS B PT II	106
107	COST TO BE ALLOC PER B PT III	107
108	UNIT COST MULT-WS B PT III	108
108	UNIT COST MULT-WS B PT III	108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
 PART I

COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 27) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	19740446		19740446		19740446	25
33 NURSERY	570861		570861		570861	33
34 SKILLED NURSING FACILITY	978987		978987		978987	34
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	17848817		17848817		17848817	37
38 RECOVERY ROOM	655466		655466		655466	38
39 DELIVERY ROOM & LABOR ROOM	1871852		1871852		1871852	39
40 ANESTHESIOLOGY	471937		471937	29904	501841	40
41 RADIOLOGY-DIAGNOSTIC	4070852		4070852	24885	4095737	41
42 RADIOLOGY-THERAPEUTIC	36515		36515		36515	42
43 RADIOISOTOPE	1198135		1198135		1198135	43
43.10 ECHOCARDIOLOGY	767797		767797		767797	43.10
43.20 ULTRASOUND	706861		706861		706861	43.20
43.30 MAMMOGRAPHY	334244		334244		334244	43.30
43.40 CAT SCAN	1835369		1835369		1835369	43.40
43.50 MRI	1056702		1056702		1056702	43.50
44 LABORATORY	5041672		5041672	49894	5091566	44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
47.10 LITHOTRIPSY						47.10
49 RESPIRATORY THERAPY	1313365		1313365		1313365	49
50 PHYSICAL THERAPY	2810777		2810777		2810777	50
51 OCCUPATIONAL THERAPY	422645		422645		422645	51
52 SPEECH PATHOLOGY	282956		282956		282956	52
53 ELECTROCARDIOLOGY	430739		430739		430739	53
53.10 CARDIAC REHAB	108722		108722		108722	53.10
53.20 GRADED EXERCISE						53.20
53.30 CARDIAC CATH LAB	1805464		1805464		1805464	53.30
53.40 HOLTER MONITOR						53.40
54 ELECTROENCEPHALOGRAPHY	233280		233280		233280	54
55 MEDICAL SUPPLIES CHARGED TO	1176319		1176319		1176319	55
56 DRUGS CHARGED TO PATIENTS	6231177		6231177		6231177	56
57 RENAL DIALYSIS	334254		334254		334254	57
59 ENDOSCOPY	831254		831254		831254	59
59.10 DIABETES SERVICES	152443		152443		152443	59.10
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	4135528		4135528	818366	4953894	61
62 OBSERVATION BEDS (NON-DISTI	1406919		1406919		1406919	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	78862355		78862355	923049	79785404	101
102 LESS OBSERVATION BEDS	1406919		1406919		1406919	102
103 TOTAL	77455436		77455436	923049	78378485	103



COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
 PART I (CONT)

COST CENTER DESCRIPTION	CHARGES			COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
	INPATIENT 6	OUTPATIENT 7	TOTAL 8			
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	17496938		17496938			25
33 NURSERY	1070825		1070825			33
34 SKILLED NURSING FACILITY	693745		693745			34
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	44732121	10465886	55198007	.323360	.323360	.323360 37
38 RECOVERY ROOM	989326	527538	1516864	.432119	.432119	.432119 38
39 DELIVERY ROOM & LABOR ROOM	2519559	884295	3403854	.549921	.549921	.549921 39
40 ANESTHESIOLOGY	2420822	897719	3318541	.142212	.142212	.151223 40
41 RADIOLOGY-DIAGNOSTIC	3723693	7390776	11114469	.366266	.366266	.368505 41
42 RADIOLOGY-THERAPEUTIC	42404		42404	.861122	.861122	.861122 42
43 RADIOISOTOPE	1408523	7394923	8803446	.136098	.136098	.136098 43
43.10 ECHOCARDIOLOGY	1108605	1604349	2712954	.283011	.283011	.283011 43.10
43.20 ULTRASOUND	797498	2357654	3155152	.224034	.224034	.224034 43.20
43.30 MAMMOGRAPHY	465	866580	867045	.385498	.385498	.385498 43.30
43.40 CAT SCAN	6660542	17408336	24068878	.076255	.076255	.076255 43.40
43.50 MRI	2480012	10797871	13277883	.079584	.079584	.079584 43.50
44 LABORATORY	14438471	26377451	40815922	.123522	.123522	.124745 44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
47.10 LITHOTRIPSY						47.10
49 RESPIRATORY THERAPY	7517560	1314360	8831920	.148707	.148707	.148707 49
50 PHYSICAL THERAPY	1330455	2738126	4068581	.690849	.690849	.690849 50
51 OCCUPATIONAL THERAPY	670848	460102	1130950	.373708	.373708	.373708 51
52 SPEECH PATHOLOGY	151206	377455	528661	.535231	.535231	.535231 52
53 ELECTROCARDIOLOGY	753386	2363714	3117100	.138186	.138186	.138186 53
53.10 CARDIAC REHAB	72551	100950	173501	.626636	.626636	.626636 53.10
53.20 GRADED EXERCISE						53.20
53.30 CARDIAC CATH LAB	6702849	5133326	11836175	.152538	.152538	.152538 53.30
53.40 HOLTER MONITOR						53.40
54 ELECTROENCEPHALOGRAPHY	201909	320668	522577	.446403	.446403	.446403 54
55 MEDICAL SUPPLIES CHARGED TO	3864961	918314	4783275	.245923	.245923	.245923 55
56 DRUGS CHARGED TO PATIENTS	49578624	10207099	59785723	.104225	.104225	.104225 56
57 RENAL DIALYSIS	573512	5076	578588	.577706	.577706	.577706 57
59 ENDOSCOPY	2140363	486561	2626924	.316436	.316436	.316436 59
59.10 DIABETES SERVICES		67478	67478	2.259151	2.259151	2.259151 59.10
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	2299853	10141337	12441190	.332406	.332406	.398185 61
62 OBSERVATION BEDS (NON-DISTI	765656	6242000	7007656	.200769	.200769	.200769 62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	177207282	127849944	305057226			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	177207282	127849944	305057226			103

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D  
 PART I

CHECK [ ] TITLE V  
 APPLICABLE [XX] TITLE XVIII-PT A  
 BOXES [ ] TITLE XIX

COST CENTER DESCRIPTION		OLD CAPITAL			NEW CAPITAL		
		CAPITAL RELATED COST 1	SWING-BED ADJUSTMENT 2	REDUCED CAPITAL RELATED COST 3	CAPITAL RELATED COST 4	SWING-BED ADJUSTMENT 5	REDUCED CAPITAL RELATED COST 6
25	INPAT ROUTINE SERV COST CTRS						
26	ADULTS & PEDIATRICS				1065395		1065395
27	INTENSIVE CARE UNIT						
28	CORONARY CARE UNIT						
29	BURN INTENSIVE CARE UNIT						
30	SURGICAL INTENSIVE CARE UNIT						
31	OTHER SPECIAL CARE (SPECIFY)						
33	SUBPROVIDER I						
33	NURSERY				28509		28509
101	TOTAL				1093904		1093904

COST CENTER DESCRIPTION		OLD CAPITAL			NEW CAPITAL		
		TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	PER DIEM 9	INPATIENT PROGRAM CAPITAL COST 10	PER DIEM 11	INPATIENT PROGRAM CAPITAL COST 12
25	INPAT ROUTINE SERV COST CTRS						
26	ADULTS & PEDIATRICS	22688	9336			46.96	438419
27	INTENSIVE CARE UNIT						
28	CORONARY CARE UNIT						
29	BURN INTENSIVE CARE UNIT						
30	SURGICAL INTENSIVE CARE UNIT						
31	OTHER SPECIAL CARE (SPECIFY)						
33	SUBPROVIDER I						
33	NURSERY	1516				18.81	
101	TOTAL	24204	9336				438419

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
PART II

CHECK [ ] TITLE V [XX] HOSPITAL (14-0162) [ ] SUB III [XX] PPS  
APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [ ] SUB IV [ ] TEFRA  
BOXES [ ] TITLE XIX [ ] SUB II

COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPATIENT PROGRAM CHARGES 4	---- OLD CAPITAL ---- RATIO OF COST TO CHARGES 5	---- NEW CAPITAL ---- RATIO OF COST TO CHARGES 7	CAPITAL COSTS 6	CAPITAL COSTS 8	
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		955555	55198007	18161310		.017311		314390	37
38 RECOVERY ROOM		34444	1516864	368669		.022707		8371	38
39 DELIVERY ROOM & LABOR ROOM		132801	3403854			.039015			39
40 ANESTHESIOLOGY		75943	3318541	954915		.022884		21852	40
41 RADIOLOGY-DIAGNOSTIC		799288	11114469	2188710		.071914		157399	41
42 RADIOLOGY-THERAPEUTIC		530	42404	33308		.012499		416	42
43 RADIOISOTOPE		103169	8803446	706255		.011719		8277	43
43.10 ECHOCARDIOLOGY		147217	2712954	259762		.054264		14096	43.10
43.20 ULTRASOUND		122111	3155152	369333		.038702		14294	43.20
43.30 MAMMOGRAPHY		69796	867045	158		.080499		13	43.30
43.40 CAT SCAN		500185	24068878	2705547		.020781		56224	43.40
43.50 MRI		72195	13277883	953838		.005437		5186	43.50
44 LABORATORY		252491	40815922	7175555		.006186		44388	44
46.30 BLOOD CLOTTING FACTORS ADMIN									46.30
47.10 LITHOTRIPSY									47.10
49 RESPIRATORY THERAPY		92037	8831920	3944593		.010421		41107	49
50 PHYSICAL THERAPY		415888	4068581	623055		.102219		63688	50
51 OCCUPATIONAL THERAPY		16651	1130950	277336		.014723		4083	51
52 SPEECH PATHOLOGY		23618	528661	88029		.044675		3933	52
53 ELECTROCARDIOLOGY		84386	3117100	741016		.027072		20061	53
53.10 CARDIAC REHAB		48863	173501	37824		.281630		10652	53.10
53.20 GRADED EXERCISE									53.20
53.30 CARDIAC CATH LAB		145692	11836175	3116745		.012309		38364	53.30
53.40 HOLTER MONITOR									53.40
54 ELECTROENCEPHALOGRAPHY		30199	522577	104770		.057789		6055	54
55 MEDICAL SUPPLIES CHARGED TO P		131952	4783275	1661537		.027586		45835	55
56 DRUGS CHARGED TO PATIENTS		216088	59785723	20918439		.003614		75599	56
57 RENAL DIALYSIS		51255	578588	927		.088586		82	57
59 ENDOSCOPY		53958	2626924	988624		.020540		20306	59
59.10 DIABETES SERVICES		3366	67478			.049883			59.10
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY		191096	12441190	1035918		.015360		15912	61
62 OBSERVATION BEDS (NON-DISTINC		75931	7007656	394812		.010835		4278	62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
101 TOTAL		4846705	285795718	67810985				994861	101

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

CHECK [ ] TITLE V  
 APPLICABLE [XX] TITLE XVIII-PT A  
 BOXES [ ] TITLE XIX

COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST COST 1	MEDICAL EDUCATION COST 2	SWING-BED ADJUSTMENT AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8
25 INPAT ROUTINE SERV COST CTRS					22688		9336	25
26 ADULTS & PEDIATRICS								26
27 INTENSIVE CARE UNIT								27
28 CORONARY CARE UNIT								28
29 BURN INTENSIVE CARE UNIT								29
30 SURGICAL INTENSIVE CARE UNIT								30
31 OTHER SPECIAL CARE (SPECIFY)								31
33 SUBPROVIDER I					1516			33
34 NURSERY					1826		1255	34
35 SKILLED NURSING FACILITY								35
101 NURSING FACILITY								101
TOTAL					26030		10591	

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	[ ]	TITLE V	[XX]	HOSPITAL (14-0162)	[ ]	SUB IV	[ ]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[ ]	SUB I	[ ]	SNF	[ ]	TEFRA
BOXES	[ ]	TITLE XIX	[ ]	SUB II	[ ]	NF		
			[ ]	SUB III	[ ]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT			N/A 2.01	N/A 2.02	N/A 2.03	TOTAL COSTS 3
	NONPHYSICIAN ANESTHETIST COST 1	NONPHYSICIAN ANESTHETIST COST 1.01	MEDICAL EDUCATION COST 2				
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE							43
43.10 ECHOCARDIOLOGY							43.10
43.20 ULTRASOUND							43.20
43.30 MAMMOGRAPHY							43.30
43.40 CAT SCAN							43.40
43.50 MRI							43.50
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47.10 LITHOTRIPSY							47.10
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
53.10 CARDIAC REHAB							53.10
53.20 GRADED EXERCISE							53.20
53.30 CARDIAC CATH LAB							53.30
53.40 HOLTER MONITOR							53.40
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
59 ENDOSCOPY							59
59.10 DIABETES SERVICES							59.10
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	[ ]	TITLE V	[XX]	HOSPITAL (14-0162)	[ ]	SUB IV	[ ]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[ ]	SUB I	[ ]	SNF	[ ]	TEFRA
BOXES	[ ]	TITLE XIX	[ ]	SUB II	[ ]	NF		
			[ ]	SUB III	[ ]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT PASS THROUGH COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	OUTPATIENT RATIO OF COST TO CHARGES 5.01	INPATIENT PROGRAM CHARGES 6	INPATIENT PROGRAM PASS THROUGH COSTS 7	OUTPATIENT PROGRAM CHARGES 8	
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		55198007			18161310		4563981	37
38 RECOVERY ROOM		1516864			368669		179625	38
39 DELIVERY ROOM & LABOR ROOM		3403854						39
40 ANESTHESIOLOGY		3318541			954915		186346	40
41 RADIOLOGY-DIAGNOSTIC		11114469			2188710		1828406	41
42 RADIOLOGY-THERAPEUTIC		42404			33308			42
43 RADIOISOTOPE		8803446			706255		2335307	43
43.10 ECHOCARDIOLOGY		2712954			259762		254408	43.10
43.20 ULTRASOUND		3155152			369333		476384	43.20
43.30 MAMMOGRAPHY		867045			158			43.30
43.40 CAT SCAN		24068878			2705547		3833857	43.40
43.50 MRI		13277883			953838		1958016	43.50
44 LABORATORY		40815922			7175555		1280935	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47.10 LITHOTRIPSY								47.10
49 RESPIRATORY THERAPY		8831920			3944593		399068	49
50 PHYSICAL THERAPY		4068581			623055			50
51 OCCUPATIONAL THERAPY		1130950			277336			51
52 SPEECH PATHOLOGY		528661			88029		18956	52
53 ELECTROCARDIOLOGY		3117100			741016		879649	53
53.10 CARDIAC REHAB		173501			37824		42933	53.10
53.20 GRADED EXERCISE								53.20
53.30 CARDIAC CATH LAB		11836175			3116745		1274177	53.30
53.40 HOLTER MONITOR								53.40
54 ELECTROENCEPHALOGRAPHY		522577			104770		46544	54
55 MEDICAL SUPPLIES CHARGED TO P		4783275			1661537		227151	55
56 DRUGS CHARGED TO PATIENTS		59785723			20918439		1335816	56
57 RENAL DIALYSIS		578588			927			57
59 ENDOSCOPY		2626924			988624		122312	59
59.10 DIABETES SERVICES		67478						59.10
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY		12441190			1035918		1562269	61
62 OBSERVATION BEDS (NON-DISTINC		7007656			394812		2076975	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		285795718			67810985		24883115	101

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
PART IV

CHECK	[ ]	TITLE V	[XX]	HOSPITAL (14-0162)	[ ]	SUB IV	[ ]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[ ]	SUB I	[ ]	SNF	[ ]	TEFRA
BOXES	[ ]	TITLE XIX	[ ]	SUB II	[ ]	NF		
			[ ]	SUB III	[ ]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
43.10 ECHOCARDIOLOGY					43.10
43.20 ULTRASOUND					43.20
43.30 MAMMOGAPHY					43.30
43.40 CAT SCAN					43.40
43.50 MRI					43.50
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47.10 LITHOTRIPSY					47.10
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.10 CARDIAC REHAB					53.10
53.20 GRADED EXERCISE					53.20
53.30 CARDIAC CATH LAB					53.30
53.40 HOLTER MONITOR					53.40
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
59 ENDOSCOPY					59
59.10 DIABETES SERVICES					59.10
OUTPATIENT SERVICE COST CENTERS					
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

PROVIDER NO. 14-0162 ST. JOSEPH MEDICAL CENTER  
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APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-0162)  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] SUB I  
 BOXES [ ] TITLE XIX - O/P [ ] SUB II  
 [ ] SUB III  
 [ ] SUB IV

[ ] SNF  
 [ ] NF  
 [ ] S/B-SNF  
 [ ] S/B-NF  
 [ ] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES		
	PART II	PART I	PART II	OUTPATIENT	OUTPATIENT	OTHER
	COL. 8	COL. 9	COL. 9	AMBULATORY	RADIOLOGY	OUTPATIENT
	1	1.01	1.02	SURGICAL	3	DIAGNOSTIC
				CENTER		4
				2		
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.323360	.323360	.323360			37
38 RECOVERY ROOM	.432119	.432119	.432119			38
39 DELIVERY ROOM & LABOR ROOM	.549921	.549921	.549921			39
40 ANESTHESIOLOGY	.142212	.142212	.142212			40
41 RADIOLOGY-DIAGNOSTIC	.366266	.366266	.366266			41
42 RADIOLOGY-THERAPEUTIC	.861122	.861122	.861122			42
43 RADIOISOTOPE	.136098	.136098	.136098			43
43.10 ECHOCARDIOLOGY	.283011	.283011	.283011			43.10
43.20 ULTRASOUND	.224034	.224034	.224034			43.20
43.30 MAMMOGRAPHY	.385498	.385498	.385498			43.30
43.40 CAT SCAN	.076255	.076255	.076255			43.40
43.50 MRI	.079584	.079584	.079584			43.50
44 LABORATORY	.123522	.123522	.123522			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47.10 LITHOTRIPSY						47.10
49 RESPIRATORY THERAPY	.148707	.148707	.148707			49
50 PHYSICAL THERAPY	.690849	.690849	.690849			50
51 OCCUPATIONAL THERAPY	.373708	.373708	.373708			51
52 SPEECH PATHOLOGY	.535231	.535231	.535231			52
53 ELECTROCARDIOLOGY	.138186	.138186	.138186			53
53.10 CARDIAC REHAB	.626636	.626636	.626636			53.10
53.20 GRADED EXERCISE						53.20
53.30 CARDIAC CATH LAB	.152538	.152538	.152538			53.30
53.40 HOLTER MONITOR						53.40
54 ELECTROENCEPHALOGRAPHY	.446403	.446403	.446403			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.245923	.245923	.245923			55
56 DRUGS CHARGED TO PATIENTS	.104225	.104225	.104225			56
57 RENAL DIALYSIS	.577706	.577706	.577706			57
59 ENDOSCOPY	.316436	.316436	.316436			59
59.10 DIABETES SERVICES	2.259151	2.259151	2.259151			59.10
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	.332406	.332406	.332406			61
62 OBSERVATION BEDS (NON-DISTINCT	.200769	.200769	.200769			62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65.01 AMBULANCE CHARGES (S-2 LINE 56.						65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.						65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.						65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	1	
2 PROGRAM VACCINE CHARGES	.104225	1
2.01 PROGRAM VACCINE CHARGES	12180	2
3 PROGRAM COSTS		2.01
3.01 PROGRAM COSTS	1269	3
		3.01



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APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK	[ ]	TITLE V - O/P	[XX]	HOSPITAL (14-0162)	[ ]	SNF
APPLICABLE	[XX]	TITLE XVIII-PT B	[ ]	SUB I	[ ]	NF
BOXES	[ ]	TITLE XIX - O/P	[ ]	SUB II	[ ]	S/B-SNF
			[ ]	SUB III	[ ]	S/B-NF
			[ ]	SUB IV	[ ]	ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL	PPS SER-	ALL OTHER	PPS SER-	PPS SER-	OUTPATIENT		OTHER
	OTHER (1)	VICES	(SEE	VICES	VICES	AMBULATORY	OUTPATIENT	OUTPATIENT
	(SEE	(SEE	(SEE	(SEE	(SEE	SURGICAL	RADIOLOGY	DIAGNOSTIC
	INSTRU.)	INSTRU.)	INSTRU.)	INSTRU.)	INSTRU.)	CENTER		
	5	5.01	5.02	5.03	5.04	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		4563981						37
38 RECOVERY ROOM		179625						38
39 DELIVERY ROOM & LABOR ROOM								39
40 ANESTHESIOLOGY		186346						40
41 RADIOLOGY-DIAGNOSTIC		1828406						41
42 RADIOLOGY-THERAPEUTIC								42
43 RADIOISOTOPE		2335307						43
43.10 ECHOCARDIOLOGY		254408						43.10
43.20 ULTRASOUND		476384						43.20
43.30 MAMMOGRAPHY								43.30
43.40 CAT SCAN		3833857						43.40
43.50 MRI		1958016						43.50
44 LABORATORY		1280935						44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
47.10 LITHOTRIPSY								47.10
49 RESPIRATORY THERAPY		399068						49
50 PHYSICAL THERAPY								50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY		18956						52
53 ELECTROCARDIOLOGY		879649						53
53.10 CARDIAC REHAB		42933						53.10
53.20 GRADED EXERCISE								53.20
53.30 CARDIAC CATH LAB		1274177						53.30
53.40 HOLTER MONITOR								53.40
54 ELECTROENCEPHALOGRAPHY		46544						54
55 MEDICAL SUPPLIES CHARGED TO PA		227151						55
56 DRUGS CHARGED TO PATIENTS		1335816						56
57 RENAL DIALYSIS								57
59 ENDOSCOPY		122312						59
59.10 DIABETES SERVICES								59.10
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY		1562269						61
62 OBSERVATION BEDS (NON-DISTINCT		2076975						62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65.01 AMBULANCE CHARGES (S-2 LINE 56								65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56								65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56								65.03
101 SUBTOTAL		24883115						101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		24883115						104

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APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
PARTS V & VI

CHECK [ ] TITLE V - O/P  
APPLICABLE [XX] TITLE XVIII-PT B  
BOXES [ ] TITLE XIX - O/P

[XX] HOSPITAL (14-0162)  
[ ] SUB I  
[ ] SUB II  
[ ] SUB III  
[ ] SUB IV

[ ] SNF  
[ ] NF  
[ ] S/B-SNF  
[ ] S/B-NF  
[ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST					HOSPITAL	HOSPITAL
	ALL OTHER	PPS SERVICES	ALL OTHER	PPS SERVICES	PPS SERVICES	I/P PART B	I/P PART B
	(COLS 1x5)	(COLUMNS 1.01x5.01)	(COLUMNS 1.01x5.02)	(COLUMNS 1.01x5.03)	(COLUMNS 1.01x5.04)	CHARGES (SEE INSTRU.)	COST (COLUMNS 1.02x10)
	9	9.01	9.02	9.03	9.04	10	11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		1475809					37
38 RECOVERY ROOM		77619					38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY		26501					40
41 RADIOLOGY-DIAGNOSTIC		669683					41
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE		317831					43
43.10 ECHOCARDIOLOGY		72000					43.10
43.20 ULTRASOUND		106726					43.20
43.30 MAMMOGRAPHY							43.30
43.40 CAT SCAN		292351					43.40
43.50 MRI		155827					43.50
44 LABORATORY		158224					44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47.10 LITHOTRIPSY							47.10
49 RESPIRATORY THERAPY		59344					49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY		10146					52
53 ELECTROCARDIOLOGY		121555					53
53.10 CARDIAC REHAB		26903					53.10
53.20 GRADED EXERCISE							53.20
53.30 CARDIAC CATH LAB		194360					53.30
53.40 HOLTER MONITOR							53.40
54 ELECTROENCEPHALOGRAPHY		20777					54
55 MEDICAL SUPPLIES CHARGED TO PAT		55862					55
56 DRUGS CHARGED TO PATIENTS		139225					56
57 RENAL DIALYSIS							57
59 ENDOSCOPY		38704					59
59.10 DIABETES SERVICES							59.10
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		519308					61
62 OBSERVATION BEDS (NON-DISTINCT		416992					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE CHARGES (S-2 LINE 56.							65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.							65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.							65.03
101 SUBTOTAL		4955747					101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		4955747					104

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
PART IV

CHECK	[ ]	TITLE V	[ ]	HOSPITAL	[ ]	SUB IV	[ ]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[ ]	SUB I	[XX]	SNF (14-5590)	[ ]	TEFRA
BOXES	[ ]	TITLE XIX	[ ]	SUB II	[ ]	NF		
			[ ]	SUB III	[ ]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST 1	NONPHYSICIAN ANESTHETIST COST 1.01	MEDICAL EDUCATION COST 2				
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE							43
43.10 ECHOCARDIOLOGY							43.10
43.20 ULTRASOUND							43.20
43.30 MAMMOGRAPHY							43.30
43.40 CAT SCAN							43.40
43.50 MRI							43.50
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47.10 LITHOTRIPSY							47.10
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
53.10 CARDIAC REHAB							53.10
53.20 GRADED EXERCISE							53.20
53.30 CARDIAC CATH LAB							53.30
53.40 HOLTER MONITOR							53.40
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
59 ENDOSCOPY							59
59.10 DIABETES SERVICES							59.10
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [XX] SNF (14-5590) [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PASS THROUGH COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	OUTPATIENT RATIO OF COST TO CHARGES 5.01	INPATIENT PROGRAM CHARGES 6	INPATIENT PROGRAM PASS THROUGH COSTS 7	OUTPATIENT PROGRAM CHARGES 8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		55198007			945		37
38 RECOVERY ROOM		1516864					38
39 DELIVERY ROOM & LABOR ROOM		3403854					39
40 ANESTHESIOLOGY		3318541					40
41 RADIOLOGY-DIAGNOSTIC		11114469			12936		41
42 RADIOLOGY-THERAPEUTIC		42404					42
43 RADIOISOTOPE		8803446					43
43.10 ECHOCARDIOLOGY		2712954					43.10
43.20 ULTRASOUND		3155152			7668		43.20
43.30 MAMMOGRAPHY		867045					43.30
43.40 CAT SCAN		24068878			18680		43.40
43.50 MRI		13277883					43.50
44 LABORATORY		40815922			158631		44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47.10 LITHOTRIPSY							47.10
49 RESPIRATORY THERAPY		8831920			68383		49
50 PHYSICAL THERAPY		4068581			131355		50
51 OCCUPATIONAL THERAPY		1130950			110630		51
52 SPEECH PATHOLOGY		528661			7595		52
53 ELECTROCARDIOLOGY		3117100			3760		53
53.10 CARDIAC REHAB		173501			3725		53.10
53.20 GRADED EXERCISE							53.20
53.30 CARDIAC CATH LAB		11836175					53.30
53.40 HOLTER MONITOR							53.40
54 ELECTROENCEPHALOGRAPHY		522577			1184		54
55 MEDICAL SUPPLIES CHARGED TO P		4783275			167070		55
56 DRUGS CHARGED TO PATIENTS		59785723			1169759		56
57 RENAL DIALYSIS		578588					57
59 ENDOSCOPY		2626924					59
59.10 DIABETES SERVICES		67478					59.10
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		12441190					61
62 OBSERVATION BEDS (NON-DISTINC		7007656					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		285795718			1862321		101

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WORKSHEET D  
PART IV

CHECK	[ ]	TITLE V	[ ]	HOSPITAL	[ ]	SUB IV	[ ]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[ ]	SUB I	[XX]	SNF (14-5590)	[ ]	TEFRA
BOXES	[ ]	TITLE XIX	[ ]	SUB II	[ ]	NF		
			[ ]	SUB III	[ ]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
43.10 ECHOCARDIOLOGY					43.10
43.20 ULTRASOUND					43.20
43.30 MAMMOGRAPHY					43.30
43.40 CAT SCAN					43.40
43.50 MRI					43.50
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47.10 LITHOTRIPSY					47.10
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.10 CARDIAC REHAB					53.10
53.20 GRADED EXERCISE					53.20
53.30 CARDIAC CATH LAB					53.30
53.40 HOLTER MONITOR					53.40
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
59 ENDOSCOPY					59
59.10 DIABETES SERVICES					59.10
OUTPATIENT SERVICE COST CENTERS					
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D  
 PART I

CHECK [ ] TITLE V  
 APPLICABLE [ ] TITLE XVIII-PT A  
 BOXES [XX] TITLE XIX

COST CENTER DESCRIPTION		OLD CAPITAL		NEW CAPITAL		
		CAPITAL RELATED COST 1	SWING-BED ADJUSTMENT 2	REDUCED CAPITAL RELATED COST 3	CAPITAL RELATED COST 4	REDUCED CAPITAL RELATED COST 6
25	INPAT ROUTINE SERV COST CTRS				1065395	1065395
26	ADULTS & PEDIATRICS					
27	INTENSIVE CARE UNIT					
28	CORONARY CARE UNIT					
29	BURN INTENSIVE CARE UNIT					
30	SURGICAL INTENSIVE CARE UNIT					
31	OTHER SPECIAL CARE (SPECIFY)					
33	SUBPROVIDER I				28509	28509
33	NURSERY					
101	TOTAL				1093904	1093904

COST CENTER DESCRIPTION		OLD CAPITAL		NEW CAPITAL		
		TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	PER DIEM 9	INPATIENT PROGRAM CAPITAL COST 10	PER DIEM 11
25	INPAT ROUTINE SERV COST CTRS	22688	2176			46.96
26	ADULTS & PEDIATRICS					
27	INTENSIVE CARE UNIT					
28	CORONARY CARE UNIT					
29	BURN INTENSIVE CARE UNIT					
30	SURGICAL INTENSIVE CARE UNIT					
31	OTHER SPECIAL CARE (SPECIFY)					
33	SUBPROVIDER I	1516	683			18.81
33	NURSERY	24204	2859			
101	TOTAL					115032

PROVIDER NO. 14-0162 ST. JOSEPH MEDICAL CENTER  
 PERIOD FROM 10/01/2008 TO 09/30/2009

KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-96 (9/96)

VERSION: 2009.08  
 02/23/2010 15:28

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [XX] HOSPITAL (14-0162) [ ] SUB III [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] SUB I [ ] SUB IV [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] SUB II [XX] OTHER

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT	OLD CAPITAL		NEW CAPITAL		
	CAPITAL RELATED COST 1	CAPITAL RELATED COST 2			CHARGES 3	PROGRAM CHARGES 4	RATIO OF COST TO CHARGES 5	CAPITAL COSTS 6	RATIO OF COST TO CHARGES 7
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		955555	55198007				.017311	37	
38 RECOVERY ROOM		34444	1516864				.022707	38	
39 DELIVERY ROOM & LABOR ROOM		132801	3403854				.039015	39	
40 ANESTHESIOLOGY		75943	3318541				.022884	40	
41 RADIOLOGY-DIAGNOSTIC		799288	11114469				.071914	41	
42 RADIOLOGY-THERAPEUTIC		530	42404				.012499	42	
43 RADIOISOTOPE		103169	8803446				.011719	43	
43.10 ECHOCARDIOLOGY		147217	2712954				.054264	43.10	
43.20 ULTRASOUND		122111	3155152				.038702	43.20	
43.30 MAMMOGRAPHY		69796	867045				.080499	43.30	
43.40 CAT SCAN		500185	24068878				.020781	43.40	
43.50 MRI		72195	13277883				.005437	43.50	
44 LABORATORY		252491	40815922				.006186	44	
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30	
47.10 LITHOTRIPSY								47.10	
49 RESPIRATORY THERAPY		92037	8831920				.010421	49	
50 PHYSICAL THERAPY		415888	4068581				.102219	50	
51 OCCUPATIONAL THERAPY		16651	1130950				.014723	51	
52 SPEECH PATHOLOGY		23618	528661				.044675	52	
53 ELECTROCARDIOLOGY		84386	3117100				.027072	53	
53.10 CARDIAC REHAB		48863	173501				.281630	53.10	
53.20 GRADED EXERCISE								53.20	
53.30 CARDIAC CATH LAB		145692	11836175				.012309	53.30	
53.40 HOLTER MONITOR								53.40	
54 ELECTROENCEPHALOGRAPHY		30199	522577				.057789	54	
55 MEDICAL SUPPLIES CHARGED TO P		131952	4783275				.027586	55	
56 DRUGS CHARGED TO PATIENTS		216088	59785723				.003614	56	
57 RENAL DIALYSIS		51255	578588				.088586	57	
59 ENDOSCOPY		53958	2626924				.020540	59	
59.10 DIABETES SERVICES		3366	67478				.049883	59.10	
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY		191096	12441190				.015360	61	
62 OBSERVATION BEDS (NON-DISTINC		75931	7007656				.010835	62	
63.50 RHC								63.50	
63.60 FQHC								63.60	
OTHER REIMBURSABLE COST CENTERS									
101 TOTAL		4846705	285795718					101	

PROVIDER NO. 14-0162 ST. JOSEPH MEDICAL CENTER  
 PERIOD FROM 10/01/2008 TO 09/30/2009

KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-96 (11/98)

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

CHECK [ ] TITLE V  
 APPLICABLE [ ] TITLE XVIII-PT A  
 BOXES [XX] TITLE XIX

	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST COST 1	MEDICAL EDUCATION COST 2	SWING-BED ADJUSTMENT AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8	
	INPAT ROUTINE SERV COST CTRS					22688		2176		25
25	ADULTS & PEDIATRICS									26
26	INTENSIVE CARE UNIT									27
27	CORONARY CARE UNIT									28
28	BURN INTENSIVE CARE UNIT									29
29	SURGICAL INTENSIVE CARE UNIT									30
30	OTHER SPECIAL CARE (SPECIFY)									31
31	SUBPROVIDER I									33
33	NURSERY					1516		683		34
34	SKILLED NURSING FACILITY					1826		58		35
35	NURSING FACILITY									101
101	TOTAL					26030		2917		



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 PERIOD FROM 10/01/2008 TO 09/30/2009

KPMG LLP COMPU-MAX MICRO SYSTEM  
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	[ ]	TITLE V	[XX]	HOSPITAL (14-0162)	[ ]	SUB IV	[ ]	PPS
APPLICABLE	[ ]	TITLE XVIII-PT A	[ ]	SUB I	[ ]	SNF	[ ]	TEFRA
BOXES	[XX]	TITLE XIX	[ ]	SUB II	[ ]	NF	[ ]	OTHER
			[ ]	SUB III	[ ]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST	NONPHYSICIAN ANESTHETIST	MEDICAL EDUCATION				
	COST 1	COST 1.01	COST 2				
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE							43
43.10 ECHOCARDIOLOGY							43.10
43.20 ULTRASOUND							43.20
43.30 MAMMOGRAPHY							43.30
43.40 CAT SCAN							43.40
43.50 MRI							43.50
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47.10 LITHOTRIPSY							47.10
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
53.10 CARDIAC REHAB							53.10
53.20 GRADED EXERCISE							53.20
53.30 CARDIAC CATH LAB							53.30
53.40 HOLTER MONITOR							53.40
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
59 ENDOSCOPY							59
59.10 DIABETES SERVICES							59.10
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

PROVIDER NO. 14-0162 ST. JOSEPH MEDICAL CENTER  
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	[ ]	TITLE V	[XX]	HOSPITAL (14-0162)	[ ]	SUB IV	[ ]	PPS
APPLICABLE	[ ]	TITLE XVIII-PT A	[ ]	SUB I	[ ]	SNF	[ ]	TEFRA
BOXES	[XX]	TITLE XIX	[ ]	SUB II	[ ]	NF	[ ]	OTHER
			[ ]	SUB III	[ ]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT PASS THROUGH COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	OUTPATIENT RATIO OF COST TO CHARGES 5.01	INPATIENT PROGRAM CHARGES 6	INPATIENT PROGRAM PASS THROUGH COSTS 7	OUTPATIENT PROGRAM CHARGES 8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		55198007					37
38 RECOVERY ROOM		1516864					38
39 DELIVERY ROOM & LABOR ROOM		3403854					39
40 ANESTHESIOLOGY		3318541					40
41 RADIOLOGY-DIAGNOSTIC		11114469					41
42 RADIOLOGY-THERAPEUTIC		42404					42
43 RADIOISOTOPE		8803446					43
43.10 ECHOCARDIOLOGY		2712954					43.10
43.20 ULTRASOUND		3155152					43.20
43.30 MAMMOGRAPHY		867045					43.30
43.40 CAT SCAN		24068878					43.40
43.50 MRI		13277883					43.50
44 LABORATORY		40815922					44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47.10 LITHOTRIPSY							47.10
49 RESPIRATORY THERAPY		8831920					49
50 PHYSICAL THERAPY		4068581					50
51 OCCUPATIONAL THERAPY		1130950					51
52 SPEECH PATHOLOGY		528661					52
53 ELECTROCARDIOLOGY		3117100					53
53.10 CARDIAC REHAB		173501					53.10
53.20 GRADED EXERCISE							53.20
53.30 CARDIAC CATH LAB		11836175					53.30
53.40 HOLTER MONITOR							53.40
54 ELECTROENCEPHALOGRAPHY		522577					54
55 MEDICAL SUPPLIES CHARGED TO P		4783275					55
56 DRUGS CHARGED TO PATIENTS		59785723					56
57 RENAL DIALYSIS		578588					57
59 ENDOSCOPY		2626924					59
59.10 DIABETES SERVICES		67478					59.10
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		12441190					61
62 OBSERVATION BEDS (NON-DISTINC		7007656					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		285795718					101

PROVIDER NO. 14-0162 ST. JOSEPH MEDICAL CENTER  
PERIOD FROM 10/01/2008 TO 09/30/2009

KPMG LLP COMPU-MAX MICRO SYSTEM  
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
PART IV

CHECK	[ ]	TITLE V	[XX]	HOSPITAL (14-0162)	[ ]	SUB IV	[ ]	PPS
APPLICABLE	[ ]	TITLE XVIII-PT A	[ ]	SUB I	[ ]	SNF	[ ]	TEFRA
BOXES	[XX]	TITLE XIX	[ ]	SUB II	[ ]	NF	[ ]	OTHER
			[ ]	SUB III	[ ]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
43.10 ECHOCARDIOLOGY					43.10
43.20 ULTRASOUND					43.20
43.30 MAMMOGRAPHY					43.30
43.40 CAT SCAN					43.40
43.50 MRI					43.50
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47.10 LITHOTRIPSY					47.10
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.10 CARDIAC REHAB					53.10
53.20 GRADED EXERCISE					53.20
53.30 CARDIAC CATH LAB					53.30
53.40 HOLTER MONITOR					53.40
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
59 ENDOSCOPY					59
59.10 DIABETES SERVICES					59.10
OUTPATIENT SERVICE COST CENTERS					
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

PROVIDER NO. 14-0162 ST. JOSEPH MEDICAL CENTER  
 PERIOD FROM 10/01/2008 TO 09/30/2009

KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-96 (9/2000)

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	[ ]	TITLE V	[ ]	HOSPITAL	[ ]	SUB IV	[ ]	PPS
APPLICABLE	[ ]	TITLE XVIII-PT A	[ ]	SUB I	[XX]	SNF (14-5590)	[ ]	TEFRA
BOXES	[XX]	TITLE XIX	[ ]	SUB II	[ ]	NF	[ ]	OTHER
			[ ]	SUB III	[ ]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT		MEDICAL EDUCATION COST	N/A 2.01	N/A 2.02	N/A 2.03	TOTAL COSTS 3
	NONPHYSICIAN ANESTHETIST COST 1	NONPHYSICIAN ANESTHETIST COST 1.01					
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE							43
43.10 ECHOCARDIOLOGY							43.10
43.20 ULTRASOUND							43.20
43.30 MAMMOGRAPHY							43.30
43.40 CAT SCAN							43.40
43.50 MRI							43.50
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47.10 LITHOTRIPSY							47.10
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
53.10 CARDIAC REHAB							53.10
53.20 GRADED EXERCISE							53.20
53.30 CARDIAC CATH LAB							53.30
53.40 HOLTER MONITOR							53.40
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
59 ENDOSCOPY							59
59.10 DIABETES SERVICES							59.10
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

PROVIDER NO. 14-0162 ST. JOSEPH MEDICAL CENTER  
 PERIOD FROM 10/01/2008 TO 09/30/2009

KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-96 (9/2000)

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	[ ]	TITLE V	[ ]	HOSPITAL	[ ]	SUB IV	[ ]	PPS
APPLICABLE	[ ]	TITLE XVIII-PT A	[ ]	SUB I	[XX]	SNF (14-5590)	[ ]	TEFRA
BOXES	[XX]	TITLE XIX	[ ]	SUB II	[ ]	NF	[ ]	OTHER
			[ ]	SUB III	[ ]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT PASS THROUGH COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	OUTPATIENT RATIO OF COST TO CHARGES 5.01	INPATIENT PROGRAM CHARGES 6	INPATIENT PROGRAM PASS THROUGH COSTS 7	OUTPATIENT PROGRAM CHARGES 8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		55198007					37
38 RECOVERY ROOM		1516864					38
39 DELIVERY ROOM & LABOR ROOM		3403854					39
40 ANESTHESIOLOGY		3318541					40
41 RADIOLOGY-DIAGNOSTIC		11114469					41
42 RADIOLOGY-THERAPEUTIC		42404					42
43 RADIOISOTOPE		8803446					43
43.10 ECHOCARDIOLOGY		2712954					43.10
43.20 ULTRASOUND		3155152					43.20
43.30 MAMMOGRAPHY		867045					43.30
43.40 CAT SCAN		24068878					43.40
43.50 MRI		13277883					43.50
44 LABORATORY		40815922					44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47.10 LITHOTRIPSY							47.10
49 RESPIRATORY THERAPY		8831920					49
50 PHYSICAL THERAPY		4068581					50
51 OCCUPATIONAL THERAPY		1130950					51
52 SPEECH PATHOLOGY		528661					52
53 ELECTROCARDIOLOGY		3117100					53
53.10 CARDIAC REHAB		173501					53.10
53.20 GRADED EXERCISE							53.20
53.30 CARDIAC CATH LAB		11836175					53.30
53.40 HOLTER MONITOR							53.40
54 ELECTROENCEPHALOGRAPHY		522577					54
55 MEDICAL SUPPLIES CHARGED TO P		4783275					55
56 DRUGS CHARGED TO PATIENTS		59785723					56
57 RENAL DIALYSIS		578588					57
59 ENDOSCOPY		2626924					59
59.10 DIABETES SERVICES		67478					59.10
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		12441190					61
62 OBSERVATION BEDS (NON-DISTINC		7007656					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		285795718					101

PROVIDER NO. 14-0162 ST. JOSEPH MEDICAL CENTER  
PERIOD FROM 10/01/2008 TO 09/30/2009

KPMG LLP COMPU-MAX MICRO SYSTEM  
IN LIEU OF FORM CMS-2552-96 (9/2000)

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
PART 1V

CHECK	<input type="checkbox"/>	TITLE V	<input type="checkbox"/>	HOSPITAL	<input type="checkbox"/>	SUB IV	<input type="checkbox"/>	PPS
APPLICABLE	<input type="checkbox"/>	TITLE XVIII-PT A	<input type="checkbox"/>	SUB I	<input checked="" type="checkbox"/>	SNF (14-5590)	<input type="checkbox"/>	TEFRA
BOXES	<input checked="" type="checkbox"/>	TITLE XIX	<input type="checkbox"/>	SUB II	<input type="checkbox"/>	NF	<input type="checkbox"/>	OTHER
			<input type="checkbox"/>	SUB III	<input type="checkbox"/>	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
43.10 ECHOCARDIOLOGY					43.10
43.20 ULTRASOUND					43.20
43.30 MAMMOGRAPHY					43.30
43.40 CAT SCAN					43.40
43.50 MRI					43.50
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47.10 LITHOTRIPSY					47.10
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.10 CARDIAC REHAB					53.10
53.20 GRADED EXERCISE					53.20
53.30 CARDIAC CATH LAB					53.30
53.40 HOLTER MONITOR					53.40
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
59 ENDOSCOPY					59
59.10 DIABETES SERVICES					59.10
OUTPATIENT SERVICE COST CENTERS					
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

PROVIDER NO. 14-0162 ST. JOSEPH MEDICAL CENTER  
PERIOD FROM 10/01/2008 TO 09/30/2009

KPMG LLP COMPU-MAX MICRO SYSTEM  
IN LIEU OF FORM CMS-2552-96 (11/98)

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COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
PART I

[ ] TITLE V-INPT

[XX] TITLE XVIII-PART A

[ ] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0162)	SUB I	SUB II	SUB III	SUB IV	SNF (PPS) (14-5590)	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	22688					1826	1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	22688					1826	2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	22688					1826	4
5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							5
6 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							6
7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							7
8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							8
9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	9336					1255	9
10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							10
11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							11
12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							12
13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)							14
15 TOTAL NURSERY DAYS							15
16 TITLE V OR XIX NURSERY DAYS							16

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COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART I (CONT)

[ ] TITLE V-INPT

[XX] TITLE XVIII-PART A

[ ] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0162)	SUB I	SUB II	SUB III	SUB IV	SNF (PPS) (14-5590)	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	19740446					978987	21
22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							22
23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							23
24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							24
25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							25
26 TOTAL SWING-BED COST							26
27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	19740446					978987	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	17642341					693745	28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	17642341					693745	30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.118924					1.411163	31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	777.61					379.93	33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	19740446					978987	37



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COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
PART II

[ ] TITLE V-INPT

[XX] TITLE XVIII-PART A

[ ] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (14-0162)	SUB I	SUB II	SUB III	SUB IV	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	870.08					38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	8123067					39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	8123067					41
	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5	
42 NURSERY (TITLES V AND XIX ONLY)						42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT						43
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
	HOSPITAL (PPS) (14-0162)	SUB I	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	13651400					48
49 TOTAL PROGRAM INPATIENT COSTS	21774467					49
PASS THROUGH COST ADJUSTMENTS						
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	438419					50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	994861					51
52 TOTAL PROGRAM EXCLUDABLE COST	1433280					52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	20341187					53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
PART II (CONT)

[ ] TITLE V-INPT

[XX] TITLE XVIII-PART A

[ ] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (14-0162)	SUB I	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
54	TARGET AMOUNT AND LIMITATION COMPUTATION					54
55	PROGRAM DISCHARGES					55
56	TARGET AMOUNT PER DISCHARGE					56
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT					57
58	BONUS PAYMENT					58
58.01	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET					58.01
58.02	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET					58.02
58.03	IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT					58.03
58.04	RELIEF PAYMENT					58.04
59	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT					59
59.01	ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)					59.01
59.02	PROGRAM DISCHARGES PRIOR TO JULY 1					59.02
59.03	PROGRAM DISCHARGES AFTER JULY 1					59.03
59.04	PROGRAM DISCHARGES (SEE INSTRUCTIONS)					59.04
59.05	REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1					59.05
59.06	REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1					59.06
59.07	REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)					59.07
59.08	REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)					59.08
	PROGRAM INPATIENT ROUTINE SWING BED COST					
60	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD					60
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD					61
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS					62
63	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD					63
64	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD					64
65	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS					65

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COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
PARTS III & IV

[ ] TITLE V-INPT

[XX] TITLE XVIII-PART A

[ ] TITLE XIX-INPT

PART III - SKILLED NURSING FACILITY, NURSING FACILITY AND ICF/MR ONLY

	SNF (PPS) (14-5590)	
66 SNF/NF/ICF/MR ROUTINE SERVICE COST	978987	66
67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	536.14	67
68 PROGRAM ROUTINE SERVICE COST	672856	68
69 MEDICALLY NECESSARY, PRIVATE ROOM COST APPLICABLE TO PROGRAM		69
70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	672856	70
71 CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERV COSTS	77488	71
72 PER DIEM CAPITAL RELATED COSTS	42.44	72
73 PROGRAM CAPITAL RELATED COSTS	53262	73
74 INPATIENT ROUTINE SERVICE COST	619594	74
75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS		75
76 TOTAL PGM ROUTINE SERVICE COSTS FOR COMPARISON TO COST LIMIT	619594	76
77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		77
78 INPATIENT ROUTINE SERVICE COST LIMITATION		78
79 REASONABLE INPATIENT ROUTINE SERVICE COSTS	672856	79
80 PROGRAM INPATIENT ANCILLARY SERVICES	340490	80
81 UTILIZATION REVIEW--PHYSICIAN COMPENSATION		81
82 TOTAL PROGRAM INPATIENT OPERATING COSTS	1013346	82

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COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
PARTS III & IV

[ ] TITLE V-INPT

[XX] TITLE XVIII-PART A

[ ] TITLE XIX-INPT

HOSPITAL (PPS) (14-0162)	SUB I	SUB II	SUB III	SUB IV
1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	1617	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	870.08	84
85 OBSERVATION BED COST	1406919	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL  
ROUTINE  
COST  
(FROM LINE 27)

	COST 1	COST 2	COLUMN 1 DIVIDED BY COLUMN 2 3	TOTAL OBSERVATION BED COST (FROM LINE 85) 4	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4 5	
86 OLD CAPITAL-RELATED COST		19740446		1406919		86
87 NEW CAPITAL-RELATED COST	1065395	19740446	.053970	1406919	75931	87
88 NON PHYSICIAN ANESTHETIST		19740446		1406919		88
89 MEDICAL EDUCATION		19740446		1406919		89

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COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
PART I

[ ] TITLE V-INPT

[ ] TITLE XVIII-PART A

[XX] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (14-0162)	SUB I 1	SUB II 1	SUB III 1	SNF (OTHER) (14-5590)	NF 1	
INPATIENT DAYS							
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	22688				1826		1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	22688				1826		2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	22688				1826		4
5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							5
6 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							6
7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							7
8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							8
9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	2176				58		9
10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							10
11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							11
12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							12
13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)							14
15 TOTAL NURSERY DAYS	1516						15
16 TITLE V OR XIX NURSERY DAYS	683						16

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COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART I (CONT)

[ ] TITLE V-INPT

[ ] TITLE XVIII-PART A

[XX] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (14-0162)	SUB I	SUB II	SUB III	SNF (OTHER) (14-5590)	NF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	19740446				978987		21
22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							22
23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							23
24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							24
25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							25
26 TOTAL SWING-BED COST							26
27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	19740446				978987		27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	17642341						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	17642341						30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.118924						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	777.61						33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	19740446				978987		37

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COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART II

[ ] TITLE V-INPT

[ ] TITLE XVIII-PART A

[XX] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

		HOSPITAL (OTHER) (14-0162)	SUB I	SUB II	SUB III	SUB IV	
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	870.08					38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	1893294					39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	1893294					41
		TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5	
42	NURSERY (TITLES V AND XIX ONLY)	570861	1516	376.56	683	257190	42
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43	INTENSIVE CARE UNIT						43
44	CORONARY CARE UNIT						44
45	BURN INTENSIVE CARE UNIT						45
46	SURGICAL INTENSIVE CARE UNIT						46
47	OTHER SPECIAL CARE (SPECIFY)						47
		HOSPITAL (OTHER) (14-0162)	SUB I	SUB II	SUB III	SUB IV	
		1	1	1	1	1	
48	PROGRAM INPATIENT ANCILLARY SERVICE COST						48
49	TOTAL PROGRAM INPATIENT COSTS	2150464					49
	PASS THROUGH COST ADJUSTMENTS						
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	115032					50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES						51
52	TOTAL PROGRAM EXCLUDABLE COST	115032					52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS						53

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COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
PART II (CONT)

[ ] TITLE V-INPT [ ] TITLE XVIII-PART A [XX] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (14-0162)	SUB I	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION	1	1	1	1	1	
54 PROGRAM DISCHARGES						54
55 TARGET AMOUNT PER DISCHARGE						55
56 TARGET AMOUNT						56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT						57
58 BONUS PAYMENT						58
58.01 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET						58.01
58.02 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET						58.02
58.03 IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT						58.03
58.04 RELIEF PAYMENT						58.04
59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT						59
59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)						59.01
59.02 PROGRAM DISCHARGES PRIOR TO JULY 1						59.02
59.03 PROGRAM DISCHARGES AFTER JULY 1						59.03
59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)						59.04
59.05 REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1						59.05
59.06 REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1						59.06
59.07 REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)						59.07
59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)						59.08

PROGRAM INPATIENT ROUTINE SWING BED COST

60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						60
61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						61
62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS						62
63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						63
64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						64
65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS						65



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COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
PARTS III & IV

[ ] TITLE V-INPT [ ] TITLE XVIII-PART A [XX] TITLE XIX-INPT

PART III - SKILLED NURSING FACILITY, NURSING FACILITY AND ICF/MR ONLY

	SNF (OTHER) (14-5590)	NF 1	
66 SNF/NF/ICF/MR ROUTINE SERVICE COST	978967		66
67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	536.14		67
68 PROGRAM ROUTINE SERVICE COST	31096		68
69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM			69
70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	31096		70
71 CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERV COSTS	77468		71
72 PER DIEM CAPITAL RELATED COSTS	42.44		72
73 PROGRAM CAPITAL RELATED COSTS	2462		73
74 INPATIENT ROUTINE SERVICE COST	28634		74
75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS			75
76 TOTAL PGM ROUTINE SERVICE COSTS FOR COMPARISON TO COST LIMIT	28634		76
77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION			77
78 INPATIENT ROUTINE SERVICE COST LIMITATION			78
79 REASONABLE INPATIENT ROUTINE SERVICE COSTS	2462		79
80 PROGRAM INPATIENT ANCILLARY SERVICES			80
81 UTILIZATION REVIEW--PHYSICIAN COMPENSATION			81
82 TOTAL PROGRAM INPATIENT OPERATING COSTS	2462		82

PROVIDER NO. 14-0162 ST. JOSEPH MEDICAL CENTER  
PERIOD FROM 10/01/2008 TO 09/30/2009

KPMG LLP COMPU-MAX MICRO SYSTEM  
IN LIEU OF FORM CMS-2557-96 (11/98)

VERSION: 2009.08  
02/23/2010 15:28

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
PARTS III & IV

[ ] TITLE V-INPT

[ ] TITLE XVIII-PART A

[XX] TITLE XIX-INPT

HOSPITAL (OTHER)	SUB I	SUB II	SUB III	SUB IV
(14-0162)				
1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS  
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM  
85 OBSERVATION BED COST

1617  
870.08  
1406919

83  
84  
85

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PERIOD FROM 10/01/2008 TO 09/30/2009

KPMG LLP COMPU-MAX MICRO SYSTEM  
IN LIEU OF FORM CMS-2552-96 (11/98)

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INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[ ] TITLE V	[XX] HOSPITAL (14-0162)	[ ] SNF	[XX] PPS
[XX] TITLE XVIII-PT A	[ ] SUB I	[ ] NF	[ ] TEFRA
[ ] TITLE XIX	[ ] SUB II	[ ] S/B-SNF	[ ] OTHER
	[ ] SUB III	[ ] S/B-NF	
	[ ] SUB IV	[ ] ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS 3	
25 INPATIENT ROUTINE SERVICE COST CENTERS		8011999		25
ADULTS & PEDIATRICS				
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.323360	18161310	5872641	37
38 RECOVERY ROOM	.432119	368669	159309	38
39 DELIVERY ROOM & LABOR ROOM	.549921			39
40 ANESTHESIOLOGY	.151223	954915	144405	40
41 RADIOLOGY-DIAGNOSTIC	.368505	2188710	806551	41
42 RADIOLOGY-THERAPEUTIC	.861122	33308	28682	42
43 RADIOISOTOPE	.136098	706255	96120	43
43.10 ECHOCARDIOLOGY	.283011	259762	73516	43.10
43.20 ULTRASOUND	.224034	369333	82743	43.20
43.30 MAMMOGRAPHY	.385498	158	61	43.30
43.40 CAT SCAN	.076255	2705547	206311	43.40
43.50 MRI	.079584	953838	75910	43.50
44 LABORATORY	.124745	7175555	895115	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47.10 LITHOTRIPSY				47.10
49 RESPIRATORY THERAPY	.148707	3944593	586589	49
50 PHYSICAL THERAPY	.690849	623055	430437	50
51 OCCUPATIONAL THERAPY	.373708	277336	103643	51
52 SPEECH PATHOLOGY	.535231	88029	47116	52
53 ELECTROCARDIOLOGY	.138186	741016	102398	53
53.10 CARDIAC REHAB	.626636	37824	23702	53.10
53.20 GRADED EXERCISE				53.20
53.30 CARDIAC CATH LAB	.152538	3116745	475422	53.30
53.40 HOLTER MONITOR				53.40
54 ELECTROENCEPHALOGRAPHY	.446403	104770	46770	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.245923	1661537	408610	55
56 DRUGS CHARGED TO PATIENTS	.104225	20918439	2180224	56
57 RENAL DIALYSIS	.577706	927	536	57
59 ENDOSCOPY	.316436	988624	312836	59
59.10 DIABETES SERVICES	2.259151			59.10
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY	.398185	1035918	412487	61
62 OBSERVATION BEDS (NON-DISTINCT	.200769	394812	79266	62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		67810985	13651400	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		67810985		103

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KPMG LLP COMPU-MAX MICRO SYSTEM  
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INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[ ] TITLE V  
[XX] TITLE XVIII-PT A  
[ ] TITLE XIX  
[ ] HOSPITAL  
[ ] SUB I  
[ ] SUB II  
[ ] SUB III  
[ ] SUB IV

[XX] SNF (14-5590)  
[ ] NF  
[ ] S/B-SNF  
[ ] S/B-NF  
[ ] ICF/MR  
[XX] PFS  
[ ] TEFRA  
[ ] OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS 3	
INPATIENT ROUTINE SERVICE COST CENTERS				25
ADULTS & PEDIATRICS				37
ANCILLARY SERVICE COST CENTERS				38
OPERATING ROOM	.323360	945	306	39
RECOVERY ROOM	.432119			40
DELIVERY ROOM & LABOR ROOM	.549921			41
ANESTHESIOLOGY	.142212			42
RADIOLOGY-DIAGNOSTIC	.366266	12936	4738	43
RADIOLOGY-THERAPEUTIC	.861122			43.10
RADIOISOTOPE	.136098			43.20
ECHOCARDIOLOGY	.283011			43.30
ULTRASOUND	.224034	7668	1718	43.40
MAMMOGRAPHY	.385498			43.50
CAT SCAN	.076255	18680	1424	44
MRI	.079584			46.30
LABORATORY	.123522	158631	19594	47.10
BLOOD CLOTTING FACTORS ADMIN CO				49
LITHOTRIPSY				50
RESPIRATORY THERAPY	.148707	68383	10169	51
PHYSICAL THERAPY	.690849	131355	90746	52
OCCUPATIONAL THERAPY	.373708	110630	41343	53
SPEECH PATHOLOGY	.535231	7595	4065	53.10
ELECTROCARDIOLOGY	.138186	3760	520	53.20
CARDIAC REHAB	.626636	3725	2334	53.30
GRADED EXERCISE				53.40
CARDIAC CATH LAB	.152538			54
HOLTER MONITOR				55
ELECTROENCEPHALOGRAPHY	.446403	1184	529	56
MEDICAL SUPPLIES CHARGED TO PAT	.245923	167070	41086	57
DRUGS CHARGED TO PATIENTS	.104225	1169759	121918	59
RENAL DIALYSIS	.577706			59.10
ENDOSCOPY	.316436			61
DIABETES SERVICES	2.259151			62
OUTPATIENT SERVICE COST CENTERS				63.50
EMERGENCY	.332406			63.60
OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.200769			101
RHC				102
FQHC				103
TOTAL		1862321	340490	
LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				
NET CHARGES		1862321		

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INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (14-0162)	<input type="checkbox"/> SNF	<input type="checkbox"/> PFS
<input type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input checked="" type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input checked="" type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS 3	
INPATIENT ROUTINE SERVICE COST CENTERS				25
25 ADULTS & PEDIATRICS				
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.323360			37
38 RECOVERY ROOM	.432119			38
39 DELIVERY ROOM & LABOR ROOM	.549921			39
40 ANESTHESIOLOGY	.142212			40
41 RADIOLOGY-DIAGNOSTIC	.366266			41
42 RADIOLOGY-THERAPEUTIC	.861122			42
43 RADIOISOTOPE	.136098			43
43.10 ECHOCARDIOLOGY	.283011			43.10
43.20 ULTRASOUND	.224034			43.20
43.30 MAMMOGRAPHY	.385498			43.30
43.40 CAT SCAN	.076255			43.40
43.50 MRI	.079584			43.50
44 LABORATORY	.123522			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47.10 LITHOTRIPSY				47.10
49 RESPIRATORY THERAPY	.148707			49
50 PHYSICAL THERAPY	.690849			50
51 OCCUPATIONAL THERAPY	.373708			51
52 SPEECH PATHOLOGY	.535231			52
53 ELECTROCARDIOLOGY	.138186			53
53.10 CARDIAC REHAB	.626636			53.10
53.20 GRADED EXERCISE				53.20
53.30 CARDIAC CATH LAB	.152538			53.30
53.40 HOLTER MONITOR				53.40
54 ELECTROENCEPHALOGRAPHY	.446403			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.245923			55
56 DRUGS CHARGED TO PATIENTS	.104225			56
57 RENAL DIALYSIS	.577706			57
59 ENDOSCOPY	.316436			59
59.10 DIABETES SERVICES	2.259151			59.10
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY	.332406			61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.200769			62
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL				101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES				103

PROVIDER NO. 14-0162 ST. JOSEPH MEDICAL CENTER  
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INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[ ] TITLE V [ ] HOSPITAL  
 [ ] TITLE XVIII-PT A [ ] SUB I  
 [XX] TITLE XIX [ ] SUB II  
 [ ] SUB III  
 [ ] SUB IV

[XX] SNF (14-5590) [ ] PFS  
 [ ] NF [ ] TEFRA  
 [ ] S/B-SNF [XX] OTHER  
 [ ] S/B-NF  
 [ ] ICF/MR

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS 3
25 INPATIENT ROUTINE SERVICE COST CENTERS			25
ADULTS & PEDIATRICS			
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.323360		37
38 RECOVERY ROOM	.432119		38
39 DELIVERY ROOM & LABOR ROOM	.549921		39
40 ANESTHESIOLOGY	.142212		40
41 RADIOLOGY-DIAGNOSTIC	.366266		41
42 RADIOLOGY-THERAPEUTIC	.861122		42
43 RADIOISOTOPE	.136098		43
43.10 ECHOCARDIOLOGY	.283011		43.10
43.20 ULTRASOUND	.224034		43.20
43.30 MAMMOGRAPHY	.385498		43.30
43.40 CAT SCAN	.076255		43.40
43.50 MRI	.079584		43.50
44 LABORATORY	.123522		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
47.10 LITHOTRIPSY			47.10
49 RESPIRATORY THERAPY	.148707		49
50 PHYSICAL THERAPY	.690849		50
51 OCCUPATIONAL THERAPY	.373708		51
52 SPEECH PATHOLOGY	.535231		52
53 ELECTROCARDIOLOGY	.138186		53
53.10 CARDIAC REHAB	.626636		53.10
53.20 GRADED EXERCISE			53.20
53.30 CARDIAC CATH LAB	.152538		53.30
53.40 HOLTER MONITOR			53.40
54 ELECTROENCEPHALOGRAPHY	.446403		54
55 MEDICAL SUPPLIES CHARGED TO PAT	.245923		55
56 DRUGS CHARGED TO PATIENTS	.104225		56
57 RENAL DIALYSIS	.577706		57
59 ENDOSCOPY	.316436		59
59.10 DIABETES SERVICES	2.259151		59.10
OUTPATIENT SERVICE COST CENTERS			
61 EMERGENCY	.332406		61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.200769		62
63.50 RHC			63.50
63.60 FQHC			63.60
101 TOTAL			101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			102
103 NET CHARGES			103

PROVIDER NO. 14-0162 ST. JOSEPH MEDICAL CENTER  
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 IN LIEU OF FORM CMS-2552-96 (05/2007)

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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0162)	SUB I	SUB II	SUB III	SUB IV
DRG AMOUNT					
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1					1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	4344548				1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	13033645				1.02
1.03 PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1					1.03
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1					1.04
1.05 PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1					1.05
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED					1.06
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001					1.07
1.08 SIMULATED PAYMENTS FROM THE PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001					1.08
2 OUTLIER PAYMENTS PRIOR TO OCTOBER 1, 1997					2
2.01 OUTLIER PAYMENTS ON OR AFTER OCTOBER 1, 1997 INDIRECT MEDICAL EDUCATION ADJUSTMENT	546147				2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	140.08				3
3.01 NO OF INTERNS & RESIDENTS FROM WORKSHEET S-3, PART I					3.01
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE					3.02
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT					3.03
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR THE MOST RECENT CR PERIOD ENDING ON OR BEFORE DEC 31, 1996					3.04
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)					3.05
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) [ FOR CR PERIODS ENDING ] [ ON OR AFTER 7/1/2005 ] [E-3,PT.VI,LN.15]{PLUS LN.3.06]					3.06
3.07 SUM OF LINES 3.04-3.06	0.00	0.00			3.07
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS					3.08
3.09 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1					3.09
3.10 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCT. 1					3.10
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09					3.11
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10					3.12
3.13 FTE COUNT FOR RESIDENTS IN DENTAL & PODIATRIC PROGRAMS					3.13
3.14 CURRENT YEAR ALLOWABLE FTE					3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..					3.15
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YR TEACHING WAS IN EFFECT ENTER 1 HERE..					3.16
RES. IN INIT YRS					
3.17 SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO	0.00				3.17

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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART A  
 (CONT)

PART A - INFATIENT HOSPITAL SERVICES UNDER PPF

	HOSPITAL (14-0162)	SUB I	SUB II	SUB III	SUB IV	
3.18 CURRENT YEAR RESIDENT TO BED RATIO						3.18
3.19 PRIOR YEAR RESIDENT TO BED RATIO						3.19
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19						3.20
3.21 IME PAYMENTS FOR DSCGGS OCCURRING PRIOR TO OCTOBER 1						3.21
3.22 IME PAYMENTS FOR DSCGGS AFTER SEP 30 BUT BEFORE JAN 1						3.22
3.23 IME PAYMENTS FOR DSCGGS OCCURRING ON OR AFTER JANUARY 1 [SUM OF LINES][PLUS E-3,PT.VI] [ 3.21-3.23 ][ LINE 23 ]						3.23
3.24 SUM OF LINES 3.21-3.23						3.24
DISPROPORTIONATE SHARE ADJUSTMENT						
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS	0.0366					4
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS	0.1261					4.01
4.02 SUM OF 4 AND 4.01	0.1627					4.02
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.0333					4.03
4.04 DISPROPORTIONATE SHARE ADJUSTMENT	578694					4.04
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES						
5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316 AND 317						5
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316 AND 317						5.01
5.02 DIVIDE LINE 5.01 BY LINE 5						5.02
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316 AND 317						5.03
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK						5.04
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS						5.05
5.06 TOTAL ADDITIONAL PAYMENT						5.06
6 SUBTOTAL	18503034					6
7 HOSPITAL SPECIFIC PAYMENTS						7
7.01 HOSPITAL SPECIFIC PAYMENTS (1996 HSR)						7.01
8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS	18503034					8
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	1516654					9
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL						10
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT						11
11.01 NURSING AND ALLIED HEALTH MANAGED CARE						11.01
11.02 ADD-ON PAYMENT FOR NEW TECHNOLOGIES						11.02
12 NET ORGAN ACQUISITION COST						12
13 COST OF TEACHING PHYSICIANS						13
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS						14
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS						15
16 TOTAL	20019688					16
17 PRIMARY PAYER PAYMENTS	15330					17
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	20004358					18
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	1767800					19
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	1313					20
21 REIMBURSABLE BAD DEBTS	286780					21
21.01 REDUCED PROGRAM REIMBURSABLE BAD DEBTS	200746					21.01
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES						21.02
22 SUBTOTAL	18435991					22



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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART A  
(CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0162)	SUB I	SUB II	SUB III	SUB IV	
23	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION					23
24	OTHER ADJUSTMENTS					24
25	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS					25
26	AMOUNT DUE PROVIDER	18435991				26
27	SEQUESTRATION ADJUSTMENT					27
28	INTERIM PAYMENTS	18470330				28
28.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					28.01
29	BALANCE DUE PROVIDER (PROGRAM)	-34339				29
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2	480525				30
50	TO BE COMPLETED BY INTERMEDIARY					50
51	OPERATING OUTLIER AMOUNT FROM WKST E, PART A, LINE 2.01					51
52	CAPITAL OUTLIER AMOUNT FROM WKST L, PART I, LINE 3.01					52
53	OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTR.)					53
54	CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)					54
55	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY					55
56	TIME VALUE OF MONEY (SEE INSTRUCTIONS)					56
56	CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)					56

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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0162) 1	HOSPITAL (14-0162) 1.01	HOSPITAL (14-0162) 1.02
1 MEDICAL AND OTHER SERVICES	1269		1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	4955747		1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	5057390		1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.835		1.03
1.04 LINE 1.01 TIMES LINE 1.03	4138049		1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04			1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT			1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101			1.07
2 INTERNS AND RESIDENTS			2
3 ORGAN ACQUISITIONS			3
4 COST OF TEACHING PHYSICIANS			4
5 TOTAL COST	1269		5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES			
6 ANCILLARY SERVICE CHARGES	12180		6
7 INTERNS AND RESIDENTS SERVICE CHARGES			7
8 ORGAN ACQUISITION CHARGES			8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS			9
10 TOTAL REASONABLE CHARGES	12180		10
CUSTOMARY CHARGES			
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			11
12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)			12
13 RATIO OF LINE 11 TO LINE 12			13
14 TOTAL CUSTOMARY CHARGES	12180		14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	10911		15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			16
17 LESSER OF COST OR CHARGES	1269		17
17.01 TOTAL PPS PAYMENTS	5057390		17.01

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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0162) 1	HOSPITAL (14-0162) 1.01	HOSPITAL (14-0162) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	1216862		18.01
19 SUBTOTAL	3841797		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	3841797		23
24 PRIMARY PAYER PAYMENTS	36		24
25 SUBTOTAL	3841759		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	246154		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	172308		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			27.02
28 SUBTOTAL	4014067		28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
30 OTHER ADJUSTMENTS			30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)			30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL	4014067		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	4011010		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	3057		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONILIATION AMOUNT (SEE INSTRUCT			51
52 THE RATE USED TO CALCULATE THE TIME VALUE			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

SNF	SNF	SNF
(14-5590)	(14-5590)	(14-5590)
1	1.01	1.02

1	MEDICAL AND OTHER SERVICES	1
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	1.01
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	1.02
1.03	1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	1.03
1.04	LINE 1.01 TIMES LINE 1.03	1.04
1.05	LINE 1.02 DIVIDED BY LINE 1.04	1.05
1.06	TRANSITIONAL CORRIDOR PAYMENT	1.06
1.07	AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101	1.07
2	INTERNS AND RESIDENTS	2
3	ORGAN ACQUISITIONS	3
4	COST OF TEACHING PHYSICIANS	4
5	TOTAL COST	5
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	6
7	INTERNS AND RESIDENTS SERVICE CHARGES	7
8	ORGAN ACQUISITION CHARGES	8
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS	9
10	TOTAL REASONABLE CHARGES	10
CUSTOMARY CHARGES		
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	11
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)	12
13	RATIO OF LINE 11 TO LINE 12	13
14	TOTAL CUSTOMARY CHARGES	14
15	EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	15
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	16
17	LESSER OF COST OR CHARGES	17
17.01	TOTAL PPS PAYMENTS	17.01

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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SNF (14-5590) 1	SNF (14-5590) 1.01	SNF (14-5590) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01			18.01
19 SUBTOTAL			19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL			23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL			25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS			27
27.01 REDUCED REIMBURSABLE BAD DEBTS			27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			27.02
28 SUBTOTAL			28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
30 OTHER ADJUSTMENTS			30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)			30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL			32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS			34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM			35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONILIATION AMOUNT (SEE INSTRUCT			51
52 THE RATE USED TO CALCULATE THE TIME VALUE			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART C

PART C - OUTPATIENT AMBULATORY SURGICAL CENTER

[ ] TITLE V [XX] TITLE XVIII [ ] TITLE XIX

HOSPITAL  
(14-0162)  
OCTOBER 1, 1997  
PRIOR TO ON OR AFTER  
1 1.01

1 STANDARD OVERHEAD AMOUNTS (ASC FEES)	1
2 DEDUCTIBLES	2
3 SUBTOTAL	3
4 80 PERCENT OF LINE 3	4
5 ASC PORTION OF BLEND	5
6 OUTPATIENT ASC COST	6
COMPUTATION OF LESSER OF COST OR CHARGES	
7 TOTAL CHARGES	7
CUSTOMARY CHARGES	
8 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	8
9 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)	9
10 RATIO OF LINE 8 TO LINE 9	10
11 TOTAL CUSTOMARY CHARGES	11
12 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	12
13 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	13
14 LESSER OF COST OR CHARGES	14
COMPUTATION OF REIMBURSEMENT SETTLEMENT	
15 DEDUCTIBLES AND COINSURANCE	15
16 TOTAL	16
17 HOSPITAL SPECIFIC PORTION OF BLEND	17
18 ASC BLENDED AMOUNT	18
19 LESSER OF LINES 16 OR 18	19
20 PART B DEDUCTIBLES AND COINSURANCE	20
21 ASC PAYMENT AMOUNT	21

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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART D

PART D - OUTPATIENT RADIOLOGY SERVICES

[ ] TITLE V [XX] TITLE XVIII [ ] TITLE XIX

HOSPITAL  
(14-0162)  
OCTOBER 1, 1997  
PRIOR TO ON OR AFTER  
1 1.01

1	PREVAILING CHARGES	1
2	62 PERCENT OF LINE 1	2
3	DEDUCTIBLES	3
4	SUBTOTAL	4
5	BLENDED CHARGE PROPORTION	5
6	COST OF OUTPATIENT RADIOLOGY	6
COMPUTATION OF LESSER OF COST OR CHARGES		
7	TOTAL CHARGES	7
CUSTOMARY CHARGES		
8	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	8
9	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICE ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)	9
10	RATIO OF LINE 8 TO LINE 9	10
11	TOTAL CUSTOMARY CHARGES	11
12	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	12
13	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	13
14	LESSER OF COST OR CHARGES	14
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
15	DEDUCTIBLES AND COINSURANCE	15
16	TOTAL	16
17	COST PROPORTION	17
18	OUTPATIENT RADIOLOGY BLENDED AMOUNT	18
19	LESSER OF LINE 16 OR LINE 18	19
20	PART B DEDUCTIBLES AND COINSURANCE	20
21	RADIOLOGY PAYMENT AMOUNT	21

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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART E

PART E - OTHER OUTPATIENT DIAGNOSTIC PROCEDURES

[ ] TITLE V [XX] TITLE XVIII [ ] TITLE XIX

HOSPITAL  
(14-0162)  
OCTOBER 1, 1997  
PRIOR TO ON OR AFTER  
1 1.01

1	PREVAILING CHARGES	1
2	42 PERCENT OF LINE 1	2
3	DEDUCTIBLES	3
4	SUBTOTAL	4
5	BLENDED CHARGE PROPORTION	5
6	COST OF OTHER OUTPATIENT DIAGNOSTIC PROCEDURES	6
COMPUTATION OF LESSER OF COST OR CHARGES		
7	TOTAL CHARGES	7
CUSTOMARY CHARGES		
8	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	8
9	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICE ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)	9
10	RATIO OF LINE 8 TO LINE 9	10
11	TOTAL CUSTOMARY CHARGES	11
12	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	12
13	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	13
14	LESSER OF COST OR CHARGES	14
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
15	DEDUCTIBLES AND COINSURANCE	15
16	TOTAL	16
17	COST PROPORTION	17
18	OTHER OUTPATIENT DIAGNOSTIC BLENDED AMOUNT	18
19	LESSER OF LINE 16 OR LINE 18	19
20	PART B DEDUCTIBLES AND COINSURANCE	20
21	DIAGNOSTIC PAYMENT AMOUNT	21



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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED  
HOSPITAL (14-0162)

WORKSHEET E-1

DESCRIPTION	INPATIENT PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		18470330		4011010
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 TO .04 PROVIDER .05 TO .50 PROVIDER .51 TO .52 PROGRAM .53 PROGRAM .54	NONE	NONE	3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99			3.99
4 TOTAL INTERIM PAYMENTS		18470330		4011010
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52			5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL	.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER .01 PROVIDER TO .02 PROGRAM			6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY				7

NAME OF INTERMEDIARY:

INTERMEDIARY NUMBER:

SIGNATURE OF AUTHORIZED PERSON:

DATE (MO/DAY/YR):

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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED  
SKILLED NURSING FACILITY 1 (14-5590)

WORKSHEET E-1

DESCRIPTION	INPATIENT PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		440248		1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE	NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .04 TO .05 PROGRAM .50 PROVIDER .51 TO .52 PROGRAM .53 PROGRAM .54	NONE      NONE	NONE      NONE	3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99			3.99
4 TOTAL INTERIM PAYMENTS		440248		4
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52			5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL	.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER .01 PROVIDER TO .02 PROGRAM			6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY				7

NAME OF INTERMEDIARY:

INTERMEDIARY NUMBER:

SIGNATURE OF AUTHORIZED PERSON:

DATE (MO/DAY/YR):

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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
PART III

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

[ ] TITLE V

[XX] TITLE XVIII

[ ] TITLE XIX

SNF 1  
(14-5590)  
(PPS)  
2

1	COMPUTATION OF NET COST OF COVERED SERVICES		1
2	INPATIENT HOSPITAL/SNF/NF SERVICES		2
3	MEDICAL AND OTHER SERVICES		3
4	INTERNS AND RESIDENTS		4
5	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS ONLY		5
6	COST OF TEACHING PHYSICIANS		6
7	SUBTOTAL		7
8	INPATIENT PRIMARY PAYER PAYMENTS		8
9	OUTPATIENT PRIMARY PAYER PAYMENTS		9
	SUBTOTAL		
	COMPUTATION OF LESSER OF COST OR CHARGES		
10	ROUTINE SERVICE CHARGES		10
11	ANCILLARY SERVICE CHARGES		11
12	INTERNS AND RESIDENTS SERVICE CHARGES		12
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE		13
14	TEACHING PHYSICIANS		14
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION		15
16	TOTAL REASONABLE CHARGES		16
	CUSTOMARY CHARGES		
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE		17
18	FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		
	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM		18
	PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON		
	A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN		
	ACCORDANCE WITH 42 CFR 413.13(E)		
19	RATIO OF LINE 17 TO LINE 18		19
20	TOTAL CUSTOMARY CHARGES		20
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		21
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		22
23	COST OF COVERED SERVICES		23
	PROSPECTIVE PAYMENT AMOUNT		
24	OTHER THAN OUTLIER PAYMENTS	465225	24
25	OUTLIER PAYMENTS		25
26	PROGRAM CAPITAL PAYMENTS		26
27	CAPITAL EXCEPTION PAYMENTS		27
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS		28
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS		29
30	SUBTOTAL	465225	30
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED		31
	SERVICES ONLY)		
32	AMOUNT FROM LINE 30	465225	32
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)		33

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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
PART III

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

[ ] TITLE V

[XX] TITLE XVIII

[ ] TITLE XIX

SNF 1  
(14-5590)  
(PPS)  
2

34	COMPUTATION OF REIMBURSEMENT SETTLEMENT		34
35	EXCESS OF REASONABLE COST		35
36	SUBTOTAL	465225	36
37	COINSURANCE	24977	37
38	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E, LINE 19		38
38.01	REIMBURSABLE BAD DEBTS		38.01
38.02	REDUCED REIMBURSABLE BAD DEBTS		38.02
38.03	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		38.03
39	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING ON OR AFTER 10/01/05 (SEE INSTR.)		39
40	UTILIZATION REVIEW		40
41	SUBTOTAL	440248	41
42	INPATIENT ROUTINE SERVICE COST		42
43	MEDICARE INPATIENT ROUTINE CHARGES		43
44	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		44
45	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)		45
46	RATIO OF LINE 43 TO LINE 44		46
47	TOTAL CUSTOMARY CHARGES		47
48	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		48
49	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		49
50	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		50
51	AMOUNT TO ZERO OUT SNF		51
52	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		52
53	SUBTOTAL	440248	53
54	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)		54
55	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		55
56	TOTAL AMOUNT PAYABLE TO THE PROVIDER	440248	56
57	SEQUESTRATION ADJUSTMENT		57
57.01	INTERIM PAYMENTS	440248	57.01
58	TENTATIVE SETTLEMENT (FOR FI USE ONLY)		58
59	BALANCE DUE PROVIDER/PROGRAM		59
	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-11, SECTION 115.2		

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CALCULATION OF REIMBURSEMENT SETTLEMENT  
 PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

WORKSHEET F-3  
 PART III

[ ] TITLE V		[ ] TITLE XVIII		[XX] TITLE XIX			
	HOSPITAL (14-0162) (OTHER)	SUB I	SUB II	SUB III	SNF I (14-5590) (OTHER)	NF I (PPS)	
	1	1	1	1	1	1	
1	COMPUTATION OF NET COST OF COVERED SERVICES						1
2	INPATIENT HOSPITAL/SNF/NF SERVICES	2150484			2462		2
3	MEDICAL AND OTHER SERVICES						3
4	INTERNS AND RESIDENTS						4
5	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O						5
6	COST OF TEACHING PHYSICIANS						6
7	SUBTOTAL	2150484			2462		7
8	INPATIENT PRIMARY PAYER PAYMENTS						8
9	OUTPATIENT PRIMARY PAYER PAYMENTS						9
	SUBTOTAL	2150484			2462		
	COMPUTATION OF LESSER OF COST OR CHARGES						
10	ROUTINE SERVICE CHARGES						10
11	ANCILLARY SERVICE CHARGES						11
12	INTERNS AND RESIDENTS SERVICE CHARGES						12
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE						13
14	TEACHING PHYSICIANS						14
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION						15
16	TOTAL REASONABLE CHARGES						16
	CUSTOMARY CHARGES						
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE						17
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)						18
19	RATIO OF LINE 17 TO LINE 18						19
20	TOTAL CUSTOMARY CHARGES						20
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST						21
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	2150484			2462		22
23	COST OF COVERED SERVICES	2150484			2462		23
	PROSPECTIVE PAYMENT AMOUNT						
24	OTHER THAN OUTLIER PAYMENTS						24
25	OUTLIER PAYMENTS						25
26	PROGRAM CAPITAL PAYMENTS						26
27	CAPITAL EXCEPTION PAYMENTS						27
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS						28
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS						29
30	SUBTOTAL	2150484			2462		30
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED						31
32	LESSER OF LINES 30 OR 31	2150484			2462		32
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)						33

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CALCULATION OF REIMBURSEMENT SETTLEMENT  
 PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

WORKSHEET E-3  
 PART III

[ ] TITLE V		[ ] TITLE XVIII		[XX] TITLE XIX		
	HOSPITAL (14-0162) (OTHER)	SUB I	SUB II	SUB III	SNF I (14-5590) (OTHER)	NF I
	1	1	1	1	1	1
34	COMPUTATION OF REIMBURSEMENT SETTLEMENT					
35	EXCESS OF REASONABLE COST					
36	SUBTOTAL					
37	COINSURANCE					
38	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E,					
38.01	REIMBURSABLE BAD DEBTS					
38.02	REDUCED REIMBURSABLE BAD DEBTS					
	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE					
	BENEFICIARIES (SEE INSTRUCTIONS)					
39	UTILIZATION REVIEW					
40	SUBTOTAL					
41	INPATIENT ROUTINE SERVICE COST					
42	MEDICARE INPATIENT ROUTINE CHARGES					
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE					
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM					
	A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN					
	ACCORDANCE WITH 42 CFR 413.13(E)					
45	RATIO OF LINE 43 TO LINE 44					
46	TOTAL CUSTOMARY CHARGES					
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST					
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES					
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM					
	UTILIZATION					
50	AMOUNT TO ZERO OUT SNF					
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING					
	DEPRECIABLE ASSETS					
52	SUBTOTAL					
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT					
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS					
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER					
56	SEQUESTRATION ADJUSTMENT					
57	INTERIM PAYMENTS					
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					
58	BALANCE DUE PROVIDER/PROGRAM					
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT					
	SECTION 115.2					

BALANCE SHEET

WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	4250049			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	40877525			4
5	OTHER RECEIVABLES	629075			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-23810191			6
7	INVENTORY	1781412			7
8	PREPAID EXPENSES				8
9	OTHER CURRENT ASSETS	1225546			9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS	24953366			11
FIXED ASSETS					
12	LAND	2646630			12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS	2303150			13
13.01	ACCUMULATED DEPRECIATION	-2008268			13.01
14	BUILDINGS	88684906			14
14.01	ACCUMULATED DEPRECIATION	-45081913			14.01
15	LEASEHOLD IMPROVEMENTS	726416			15
15.01	ACCUMULATED AMORTIZATION	-194366			15.01
16	FIXED EQUIPMENT	102891			16
16.01	ACCUMULATED DEPRECIATION				16.01
17	AUTOMOBILES AND TRUCKS				17
17.01	ACCUMULATED DEPRECIATION				17.01
18	MAJOR MOVABLE EQUIPMENT	68507486			18
18.01	ACCUMULATED DEPRECIATION	-56913531			18.01
19	MINOR EQUIPMENT DEPRECIABLE				19
19.01	ACCUMULATED DEPRECIATION				19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE				20
21	TOTAL FIXED ASSETS	58973379			21
OTHER ASSETS					
22	INVESTMENTS	68373437			22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS	10759944			25
26	TOTAL OTHER ASSETS	79133381			26
27	TOTAL ASSETS	163060126			27
LIABILITIES AND FUND BALANCES		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	3380367			28
29	SALARIES, WAGES & FEES PAYABLE	4915596			29
30	PAYROLL TAXES PAYABLE				30
31	NOTES & LOANS PAYABLE (SHORT TERM)	378494			31
32	DEFERRED INCOME				32
33	ACCELERATED PAYMENTS				33
34	DUE TO OTHER FUNDS	5982315			34
35	OTHER CURRENT LIABILITIES	2163221			35
36	TOTAL CURRENT LIABILITIES	16819993			36
LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE				37
38	NOTES PAYABLE				38
39	UNSECURED LOANS				39
40	LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66				40
41	OTHER LONG TERM LIABILITIES	7601762			41
42	TOTAL LONG TERM LIABILITIES	7601762			42
43	TOTAL LIABILITIES	24421755			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	138638371			44
45	SPECIFIC PURPOSE FUND BALANCE				45
46	DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED				46
47	DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED				47
48	GOVERNING BODY CREATED - ENDOWMENT FUND BAL				48
49	PLANT FUND BALANCE - INVESTED IN PLANT				49
50	PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				50
51	TOTAL FUND BALANCES	138638371			51
52	TOTAL LIABILITIES AND FUND BALANCES	163060126			52

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STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND 1	SPECIFIC PURPOSE FUND 2	ENDOWMENT FUND 3	PLANT FUND 4
1 FUND BALANCES AT BEGINNING OF PERIOD	130394412			1
2 NET INCOME (LOSS)	8246817			2
3 TOTAL	138641229			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5 CONTRIBUTION ACTIVITY				5
6				6
7				7
8				8
9				9
10 TOTAL ADDITIONS				10
11 SUBTOTAL	138641229			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 CONTRIBUTION ACTIVITY	2858			13
14				14
15				15
16				16
17				17
18 TOTAL DEDUCTIONS	2858			18
19 FUND BALANCE AT END OF PERIOD	138638371			19
PER BALANCE SHEET				



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STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2  
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				1
2 HOSPITAL	17642341		17642341	2
3 SUBPROVIDER I				4
4 SWING BED - SNF				5
5 SWING BED - NF				6
6 SKILLED NURSING FACILITY	693745		693745	7
7 NURSING FACILITY				8
8 OTHER LONG TERM CARE				9
9 TOTAL GENERAL INPATIENT CARE SERVICES	18336086		18336086	10
10 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
11 INTENSIVE CARE UNIT				12
12 CORONARY CARE UNIT				13
13 BURN INTENSIVE CARE UNIT				14
14 SURGICAL INTENSIVE CARE UNIT				15
15 OTHER SPECIAL CARE (SPECIFY)				16
16 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE				17
17 TOTAL INPATIENT ROUTINE CARE SERVICES	18336086		18336086	18
18 ANCILLARY SERVICES	158950869		158950869	18.50
18.50 OUTPATIENT SERVICES		219505740	219505740	18.60
18.60 RHC				19
19 FQHC				20
20 HOME HEALTH AGENCY				21
21 AMBULANCE				22
22 CORF				23
23 ASC				24
24 HOSPICE				25
25 TOTAL PATIENT REVENUES	177286955	219505740	396792695	

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		145482497	26
27 ADD (SPECIFY)			27
28 BAD DEBTS	5613506		28
29			29
30			30
31			31
32			32
33 TOTAL ADDITIONS		5613506	33
34 DEDUCT (SPECIFY)			34
35			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES		151096003	40

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STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

	DESCRIPTION		
1	TOTAL PATIENT REVENUES	396792695	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	245395007	2
3	NET PATIENT REVENUES	151397688	3
4	LESS - TOTAL OPERATING EXPENSES	151096003	4
5	NET INCOME FROM SERVICE TO PATIENTS	301665	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	546809	6
7	INCOME FROM INVESTMENTS	3414073	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	386533	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS	19901	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN	182807	20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE	879288	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (SPECIFY)	2515721	24
25	TOTAL OTHER INCOME	7945132	25
26	TOTAL	8246817	26
27	CUMULATIVE EFFECT		27
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	8246817	31

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CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0162) (14-0162)	SUB I	SUB II	SUB III	SUB IV
PART I - FULLY PROSPECTIVE METHOD					
1 CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS					1
CAPITAL FEDERAL AMOUNT					
2 CAPITAL DRG OTHER THAN OUTLIER	1431900				2
3 CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997					3
3.01 CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997	36785				3.01
INDIRECT MEDICAL EDUCATION ADJUSTMENT					
4 TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD					4
[E-3, PT VI, LN.18] [E, PT A, LN.3.17] [x E-3, PT VI, LN.1]					
4.01 NO. OF INTERNS & RESIDENTS	0.00	0.00			4.01
4.02 INDIRECT MEDICAL EDUCATION PERCENTAGE					4.02
4.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT					4.03
DISPROPORTIONATE SHARE ADJUSTMENT					
5 % OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS	0.0366				5
5.01 % OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I	0.1261				5.01
5.02 SUM OF LINES 5 AND 5.01	0.1627				5.02
5.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.0335				5.03
5.04 DISPROPORTIONATE SHARE ADJUSTMENT	47969				5.04
6 TOTAL PROSPECTIVE CAPITAL PAYMENTS	1516654				6
PART II - HOLD HARMLESS METHOD					
1 NEW CAPITAL					1
2 OLD CAPITAL					2
3 TOTAL CAPITAL					3
4 RATIO OF NEW CAPITAL TO TOTAL CAPITAL					4
5 TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE					5
6 REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT					6
7 REDUCED OLD CAPITAL AMOUNT					7
8 HOLD HARMLESS PAYMENT FOR NEW CAPITAL					8
9 SUBTOTAL					9
10 PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)					10
PART III - PAYMENT UNDER REASONABLE COST					
1 PROGRAM INPATIENT ROUTINE CAPITAL COST					1
2 PROGRAM INPATIENT ANCILLARY CAPITAL COST					2
3 TOTAL INPATIENT PROGRAM CAPITAL					3
4 CAPITAL COST PAYMENT FACTOR					4
5 TOTAL INPATIENT PROGRAM CAPITAL COST					5
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1 PROGRAM INPATIENT CAPITAL COSTS					1
2 PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES					2
3 NET PROGRAM INPATIENT CAPITAL COSTS					3
4 APPLICABLE EXCEPTION PERCENTAGE					4
5 CAPITAL COST FOR COMPARISON TO PAYMENTS					5
6 PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES					6
7 ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES					7
8 CAPITAL MINIMUM PAYMENT LEVEL					8
9 CURRENT YEAR CAPITAL PAYMENTS					9
10 CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS					10
11 CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT					11
12 NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS					12
13 CURRENT YEAR EXCEPTION PAYMENT					13
14 CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD					14
15 CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)					15
16 CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)					16
17 CURRENT YEAR EXCEPTION OFFSET AMOUNT					17

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ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1  
 PART I

	COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS 0	SUBTOTAL 4A	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27	
	GENERAL SERVICE COST CENTERS						
1	OLD CAP REL COSTS-BLDG & FIXT						1
2	OLD CAP REL COSTS-MVBLE EQUIP						2
3	NEW CAP REL COSTS-BLDG & FIXT						3
4	NEW CAP REL COSTS-MVBLE EQUIP						4
5	EMPLOYEE BENEFITS						5
6	ADMINISTRATIVE & GENERAL						6
7	MAINTENANCE & REPAIRS						7
8	OPERATION OF PLANT						8
9	LAUNDRY & LINEN SERVICE						9
10	HOUSEKEEPING						10
11	DIETARY						11
12	CAFETERIA						12
13	MAINTENANCE OF PERSONNEL						13
14	NURSING ADMINISTRATION						14
15	CENTRAL SERVICES & SUPPLY						15
16	PHARMACY						16
17	MEDICAL RECORDS & LIBRARY						17
18	SOCIAL SERVICE						18
20	NONPHYSICIAN ANESTHETISTS						20
21	NURSING SCHOOL						21
22	I&R SERVICES-SALARY & FRINGES						22
23	I&R SERVICES-OTHER PRGM COSTS						23
24	PARAMED ED PRGM-(SPECIFY)						24
	INPATIENT ROUTINE SERV COST CENTERS						
25	ADULTS & PEDIATRICS						25
33	NURSERY						33
34	SKILLED NURSING FACILITY						34
	ANCILLARY SERVICE COST CENTERS						
37	OPERATING ROOM						37
38	RECOVERY ROOM						38
39	DELIVERY ROOM & LABOR ROOM						39
40	ANESTHESIOLOGY						40
41	RADIOLOGY-DIAGNOSTIC						41
42	RADIOLOGY-THERAPEUTIC						42
43	RADIOISOTOPE						43
43.10	ECHOCARDIOLOGY						43.10
43.20	ULTRASOUND						43.20
43.30	MAMMOGRAPHY						43.30
43.40	CAT SCAN						43.40
43.50	MRI						43.50
44	LABORATORY						44
46.30	BLOOD CLOTTING FACTORS ADMIN C						46.30
47.10	LITHOTRIPSY						47.10
49	RESPIRATORY THERAPY						49
50	PHYSICAL THERAPY						50
51	OCCUPATIONAL THERAPY						51
52	SPEECH PATHOLOGY						52
53	ELECTROCARDIOLOGY						53
53.10	CARDIAC REHAB						53.10
53.20	GRADED EXERCISE						53.20
53.30	CARDIAC CATH LAB						53.30
53.40	HOLTER MONITOR						53.40
54	ELECTROENCEPHALOGRAPHY						54
55	MEDICAL SUPPLIES CHARGED TO PA						55
56	DRUGS CHARGED TO PATIENTS						56
57	RENAL DIALYSIS						57
59	ENDOSCOPY						59
59.10	DIABETES SERVICES						59.10
	OUTPATIENT SERVICE COST CENTERS						
61	EMERGENCY						61
62	OBSERVATION BEDS (NON-DISTINCT						62
63.50	RHC						63.50
63.60	FQHC						63.60
	OTHER REIMBURSABLE COST CENTERS						
69.10	CMHC						69.10
69.20	OUTPATIENT PHYSICAL THERAPY						69.20
69.30	OUTPATIENT OCCUPATIONAL THERAP						69.30
69.40	OUTPATIENT SPEECH PATHOLOGY						69.40
71	HOME HEALTH AGENCY						71
	SPECIAL PURPOSE COST CENTERS						
85.01	PANCREAS ACQUISITION						85.01
85.02	INTESTINAL ACQUISITION						85.02
95	SUBTOTALS						95
	NONREIMBURSABLE COST CENTERS						
96	GIFT, FLOWER, COFFEE SHOP & CA						96

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ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1  
PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	4A	25	26	27
98 PHYSICIANS' PRIVATE OFFICES					98
98.02 HEMODIALYSIS					98.02
98.09 CARDIAC REHAB NON ALLOWABLE					98.09
98.10 DIAMOND STAR NURSING					98.10
98.30 FUND DEV, PLANNING, MKTING					98.30
98.40 COMMUNITY CANCER CTR					98.40
98.50 MCLEAN CO EMS					98.50
98.60 OCC MED PROGRAM					98.60
98.70 CARDIAC SCREENING					98.70
98.80 PALLIATIVE CARE					98.80
98.90 NON-PATIENT DIETARY					98.90
101 CROSS FOOT ADJUSTMENTS					101
102 NEGATIVE COST CENTER					102
103 TOTAL					103
104 TOTAL STATISTICAL BASIS					104
105 UNIT COST MULTIPLIER					105
105 UNIT COST MULTIPLIER					105

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\*\*\*\*\* REPORT 97 \*\*\*\*\* UTILIZATION STATISTICS \*\*\*\*\*

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
25 ADULTS & PEDIATRICS	41.15		9.59				50.74 25
33 NURSERY			45.05				45.05 33
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	32.90	8.27					41.17 37
38 RECOVERY ROOM	24.30	11.84					36.14 38
40 ANESTHESIOLOGY	28.78	5.62					34.40 40
41 RADIOLOGY-DIAGNOSTIC	19.69	16.45					36.14 41
42 RADIOLOGY-THERAPEUTIC	78.55						78.55 42
43 RADIOISOTOPE	8.02	26.53					34.55 43
43.10 ECHOCARDIOLOGY	9.57	9.38					18.95 43.10
43.20 ULTRASOUND	11.71	15.10					26.81 43.20
43.30 MAMMOGRAPHY	0.02						0.02 43.30
43.40 CAT SCAN	11.24	15.93					27.17 43.40
43.50 MRI	7.18	14.75					21.93 43.50
44 LABORATORY	17.58	3.14					20.72 44
49 RESPIRATORY THERAPY	44.66	4.52					49.18 49
50 PHYSICAL THERAPY	15.31						15.31 50
51 OCCUPATIONAL THERAPY	24.52						24.52 51
52 SPEECH PATHOLOGY	16.65	3.59					20.24 52
53 ELECTROCARDIOLOGY	23.77	28.22					51.99 53
53.10 CARDIAC REHAB	21.80	24.75					46.55 53.10
53.30 CARDIAC CATH LAB	26.33	10.77					37.10 53.30
54 ELECTROENCEPHALOGRAPHY	20.05	8.91					28.96 54
55 MEDICAL SUPPLIES CHARGED TO PAT	34.74	4.75					39.49 55
56 DRUGS CHARGED TO PATIENTS	34.99	2.23					37.22 56
57 RENAL DIALYSIS	0.16						0.16 57
59 ENDOSCOPY	37.63	4.66					42.29 59
61 EMERGENCY	8.33	12.56					20.89 61
62 OBSERVATION BEDS (NON-DISTINCT	5.63	29.64					35.27 62
101 TOTAL CHARGES	22.23	8.16					30.39 101

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\*\*\*\*\* REPORT 97 \*\*\*\*\* UTILIZATION STATISTICS \*\*\*\*\*

SNF / NF

COST CENTERS	SNF		NF		NF		TOTAL THIRD PARTY UTIL
	TITLE XVIII		TITLE XIX		TITLE V		
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
34 SKILLED NURSING FACILITY	68.73						68.73 34
35 NURSING FACILITY			3.18				3.18 35
UTILIZATION PERCENTAGES BASED ON CHARGES							
41 RADIOLOGY-DIAGNOSTIC	0.12						0.12 41
43.20 ULTRASOUND	0.24						0.24 43.20
43.40 CAT SCAN	0.08						0.08 43.40
44 LABORATORY	0.39						0.39 44
49 RESPIRATORY THERAPY	0.77						0.77 49
50 PHYSICAL THERAPY	3.23						3.23 50
51 OCCUPATIONAL THERAPY	9.78						9.78 51
52 SPEECH PATHOLOGY	1.44						1.44 52
53 ELECTROCARDIOLOGY	0.12						0.12 53
53.10 CARDIAC REHAB	2.15						2.15 53.10
54 ELECTROENCEPHALOGRAPHY	0.23						0.23 54
55 MEDICAL SUPPLIES CHARGED TO PAT	3.49						3.49 55
56 DRUGS CHARGED TO PATIENTS	1.96						1.96 56
101 TOTAL CHARGES	0.61						0.61 101

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COST CENTER		--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---	
		AMOUNT	%	AMOUNT	%	AMOUNT	%
1	GENERAL SERVICE COST CENTERS						
2	OLD CAP REL COSTS-BLDG & FIXT						
3	NEW CAP REL COSTS-BLDG & FIXT	2310043	1.63	-2310043	-5.05		
4	OLD CAP REL COSTS-MVBLE EQUIP	2712084	1.92	-2712084	-5.93		
5	NEW CAP REL COSTS-MVBLE EQUIP	13087748	9.26	-13087748	-28.60		
6	EMPLOYEE BENEFITS	18150654	12.84	-18150654	-39.67		
7	ADMINISTRATIVE & GENERAL	1371248	.97	-1371248	-3.00		
8	MAINTENANCE & REPAIRS	2775320	1.96	-2775320	-6.07		
9	OPERATION OF PLANT	398695	.28	-398695	-.87		
10	LAUNDRY & LINEN SERVICE	950991	.67	-950991	-2.08		
11	HOUSEKEEPING	441549	.31	-441549	-.96		
12	DIETARY	486345	.34	-486345	-1.06		
13	CAFETERIA						
14	MAINTENANCE OF PERSONNEL						
15	NURSING ADMINISTRATION	1494048	1.06	-1494048	-3.27		
16	CENTRAL SERVICES & SUPPLY	258458	.18	-258458	-.56		
17	PHARMACY						
18	MEDICAL RECORDS & LIBRARY	1149240	.81	-1149240	-2.51		
20	SOCIAL SERVICE	170587	.12	-170587	-.37		
21	NONPHYSICIAN ANESTHETISTS						
22	NURSING SCHOOL						
23	I&R SERVICES-SALARY & FRINGES A						
24	I&R SERVICES-OTHER PRGM COSTS A						
25	PARAMED ED PRGM-(SPECIFY)						
33	INPATIENT ROUTINE SERV COST CENTERS						
34	ADULTS & PEDIATRICS	10083784	7.13	9656662	21.10	19740446	13.97
37	NURSERY	331006	.23	239855	.52	570861	.40
38	SKILLED NURSING FACILITY	407429	.29	571558	1.25	978987	.69
39	ANCILLARY SERVICE COST CENTERS						
40	OPERATING ROOM	12954833	9.17	4893984	10.70	17848817	12.63
41	RECOVERY ROOM	357362	.25	298104	.65	655466	.46
42	DELIVERY ROOM & LABOR ROOM	1012959	.72	858893	1.88	1871852	1.32
43	ANESTHESIOLOGY	322547	.23	149390	.33	471937	.33
44	RADIOLOGY-DIAGNOSTIC	2641007	1.87	1429845	3.12	4070852	2.88
45	RADIOLOGY-THERAPEUTIC	31104	.02	5411	.01	36515	.03
46	RADIOISOTOPE	790516	.56	407619	.89	1198135	.85
47.10	ECHOCARDIOLOGY	368801	.26	398996	.87	767797	.54
48.20	ULTRASOUND	360764	.26	346097	.76	706861	.50
49.30	MAMMOGRAPHY	157614	.11	176630	.39	334244	.24
50.40	CAT SCAN	1155819	.82	679550	1.49	1835369	1.30
51.50	MRI	665181	.47	391521	.86	1056702	.75
52	LABORATORY	3403671	2.41	1638001	3.58	5041672	3.57
53.30	BLOOD CLOTTING FACTORS ADMIN CO						
54.10	LITHOTRIPSY						
55	RESPIRATORY THERAPY	698285	.49	615080	1.34	1313365	.93
56	PHYSICAL THERAPY	1855511	1.31	955266	2.09	2810777	1.99
57	OCCUPATIONAL THERAPY	256616	.18	166029	.36	422645	.30



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COST CENTER		--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
		AMOUNT	%	AMOUNT	%	AMOUNT	%	
52	SPEECH PATHOLOGY	159984	.11	127972	.27	282956	.20	52
53	ELECTROCARDIOLOGY	187287	.13	243452	.53	430739	.30	53
53.10	CARDIAC REHAB	56377	.02	82345	.18	108722	.08	53.10
53.20	GRADED EXERCISE							53.20
53.30	CARDIAC CATH LAB	1187486	.84	617978	1.35	1805464	1.28	53.30
53.40	HOLTER MONITOR							53.40
54	ELECTROENCEPHALOGRAPHY	113475	.08	119805	.26	233280	.17	54
55	MEDICAL SUPPLIES CHARGED TO PAT	827907	.59	348412	.76	1176319	.83	55
56	DRUGS CHARGED TO PATIENTS	4381521	3.10	1849646	4.04	6231177	4.41	56
57	RENAL DIALYSIS	118839	.08	215415	.47	334254	.24	57
59	ENDOSCOPY	551686	.39	279568	.61	831254	.59	59
59.10	DIABETES SERVICES	100402	.07	52041	.11	152443	.11	59.10
61	EMERGENCY	2248505	1.59	1887023	4.12	4135528	2.93	61
62	OBSERVATION BEDS (NON-DISTINCT							62
63.50	RHC							63.50
63.60	FQHC							63.60
	OTHER REIMBURSABLE COST CENTERS							
	OUTPATIENT SERVICE COST CENTERS							
69.10	CMHC							69.10
69.20	OUTPATIENT PHYSICAL THERAPY							69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY							69.30
69.40	OUTPATIENT SPEECH PATHOLOGY							69.40
71	HOME HEALTH AGENCY							71
	SPECIAL PURPOSE COST CENTERS							
85.01	PANCREAS ACQUISITION							85.01
85.02	INTESTINAL ACQUISITION							85.02
	NONREIMBURSABLE COST CENTERS							
96	GIFT, FLOWER, COFFEE SHOP & CAN	287744	.20	93841	.21	381585	.27	96
98	PHYSICIANS' PRIVATE OFFICES	44818820	31.71	14535987	31.77	59354807	42.00	98
98.02	HEMODIALYSIS							98.02
98.09	CARDIAC REHAB NON ALLOWABLE	113330	.08	332994	.73	446324	.32	98.09
98.10	DIAMOND STAR NURSING							98.10
98.30	FUND DEV, PLANNING, MKTING	1219293	.86	417028	.91	1636321	1.16	98.30
98.40	COMMUNITY CANCER CTR							98.40
98.50	MCLEAN CO EMS	176675	.13	57090	.12	233765	.17	98.50
98.60	OCC MED PROGRAM	685140	.48	421925	.92	1107065	.78	98.60
98.70	CARDIAC SCREENING	61973	.04	23044	.05	85017	.06	98.70
98.80	PALLIATIVE CARE	70675	.05	39707	.09	110382	.08	98.80
98.90	NON-PATIENT DIETARY	387055	.27	138246	.30	525301	.37	98.90
101	CROSS FOOT ADJUSTMENTS							101
102	NEGATIVE COST CENTER							102
103	TOTAL	141336003	100.00	0	.00	141336003	100.00	103

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	TOTAL CHARGES 2	RATIO CAPITAL COST TO CHARGES 3	INPATIENT PROGRAM CHARGES 4	MEDICARE INPATIENT PPS CAPITAL COSTS 5	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	955555	55198007	.017311	18161310	314390	37
38 RECOVERY ROOM	34444	1516864	.022707	368669	8371	38
39 DELIVERY ROOM & LABOR ROOM	132801	3403854	.039015			39
40 ANESTHESIOLOGY	75943	3318541	.022884	954915	21852	40
41 RADIOLOGY-DIAGNOSTIC	799288	11114469	.071914	2188710	157399	41
42 RADIOLOGY-THERAPEUTIC	530	42404	.012499	33308	416	42
43 RADIOISOTOPE	103169	8803446	.011719	706255	8277	43
43.10 ECHOCARDIOLOGY	147217	2712954	.054264	259762	14096	43.10
43.20 ULTRASOUND	122111	3155152	.038702	369333	14294	43.20
43.30 MAMMOGRAPHY	69796	867045	.080499	158	13	43.30
43.40 CAT SCAN	500185	24068878	.020781	2705547	56224	43.40
43.50 MRI	72195	13277883	.005437	953838	5186	43.50
44 LABORATORY	252491	40815922	.006186	7175555	44388	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47.10 LITHOTRIPSY						47.10
49 RESPIRATORY THERAPY	92037	8831920	.010421	3944593	41107	49
50 PHYSICAL THERAPY	415888	4068581	.102219	623055	63688	50
51 OCCUPATIONAL THERAPY	16651	1130950	.014723	277336	4083	51
52 SPEECH PATHOLOGY	23618	528661	.044675	88029	3933	52
53 ELECTROCARDIOLOGY	84386	3117100	.027072	741016	20061	53
53.10 CARDIAC REHAB	48863	173501	.281630	37824	10652	53.10
53.20 GRADED EXERCISE						53.20
53.30 CARDIAC CATH LAB	145692	11836175	.012309	3116745	38364	53.30
53.40 HOLTER MONITOR						53.40
54 ELECTROENCEPHALOGRAPHY	30199	522577	.057789	104770	6055	54
55 MEDICAL SUPPLIES CHARGED TO PAT	131952	4783275	.027586	1661537	45835	55
56 DRUGS CHARGED TO PATIENTS	216088	59785723	.003614	20918439	75599	56
57 RENAL DIALYSIS	51255	578588	.088586	927	82	57
59 ENDOSCOPY	53958	2626924	.020540	988624	20306	59
59.10 DIABETES SERVICES	3366	67478	.049883			59.10
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	191096	12441190	.015360	1035918	15912	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	75931	7007656	.010835	394612	4278	62
63.50 RHC						63.50
63.60 FQHC						63.60
101 TOTAL	4846705	285795718		67810985	994861	101

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APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	SWING-BED ADJUSTMENT AMOUNT 2	TOTAL COST 3	TOTAL PATIENT DAYS 4	PER DIEM 5	INPATIENT PROGRAM DAYS 6	MEDICARE INPATIENT PPS CAPITAL COSTS 7
INPATIENT ROUTINE SERVICE COST CENTERS							
25 ADULTS & PEDIATRICS	1065395		1065395	22688	46.96	9336	438419 25
101 TOTAL	1065395		1065395			9336	438419 101
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS							438419
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS							994861
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS							1433280
MEDICARE DISCHARGES (WORKSHEET S-3, LINE 12, COLUMN 13)							2210
MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 12, COLUMN 4)							9336
PER DISCHARGE CAPITAL COSTS							646.54
PER DIEM CAPITAL COSTS							153.52

I. COST TO CHARGE RATIO FOR PPS HOSPITALS

1. TOTAL PROGRAM (TITLE XVIII) INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COST. (WORKSHEET D-1 PART II LINE 53)	20341187
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	75822984
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.268

II. COST TO CHARGE RATIO FOR CAPITAL

1. TOTAL MEDICARE INPATIENT PPS CAPITAL RELATED COSTS (WKST D PART I LINES 25-30, COLS 10 & 12 + WKST D PART II, LINE 101, COLS 6 & 8)	1433280
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.019

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPI. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x COLUMN 1.01 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	4945601
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPI. (WKST D, PART V, LINE 104, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	24864159
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.199